## L13000092620

| (Re                      | equestor's Name)  |           |  |  |  |  |  |  |
|--------------------------|-------------------|-----------|--|--|--|--|--|--|
|                          |                   |           |  |  |  |  |  |  |
| (Ad                      | ldress)           |           |  |  |  |  |  |  |
| (Address)                |                   |           |  |  |  |  |  |  |
| (AC                      | idless)           |           |  |  |  |  |  |  |
| (City/State/Zip/Phone #) |                   |           |  |  |  |  |  |  |
| PICK-UP                  | WAIT              | MAIL      |  |  |  |  |  |  |
|                          | _                 | _         |  |  |  |  |  |  |
| (Bu                      | siness Entity Nam | e)        |  |  |  |  |  |  |
|                          |                   |           |  |  |  |  |  |  |
| (Do                      | ocument Number)   |           |  |  |  |  |  |  |
| Certified Copies         | _ Certificates    | of Status |  |  |  |  |  |  |
| Special Instructions to  | Filing Officer:   |           |  |  |  |  |  |  |
|                          |                   |           |  |  |  |  |  |  |
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| خذ                       | Office Use Only   | ,         |  |  |  |  |  |  |



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SECRETARY OF STATE

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DEC - 5 2014
T. CARTER

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## COVER LETTER

TO: Registration Section

| Division of Corporations  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| REALEATS CONSULTING, LLC  |   |  |  |  |  |  |
| Name of Limited Liability Company   |   |  |  |  |  |  |
| Dear Sir or Madam:  |   |  |  |  |  |  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.   |   |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |   |  |  |  |  |  |
| DODEDICK COLEMAN  |   |  |  |  |  |  |
| RODERICK COLEMAN  |   |  |  |  |  |  |
| Name of Person  |   |  |  |  |  |  |
| ROD COLEMAN, PLLC   |   |  |  |  |  |  |
| Firm/Company  |   |  |  |  |  |  |
| 400 S. DIXIE HIGHWAY, SUITE 121   |   |  |  |  |  |  |
| Address   |   |  |  |  |  |  |
| BOCA RATON, FL 33432  |   |  |  |  |  |  |
| City/State and Zip Code   |   |  |  |  |  |  |
| JOEL@REALEATS.ORG   |   |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |   |  |  |  |  |  |
| For further information concerning this matter, please call:  |   |  |  |  |  |  |
| RODERICK COLEMAN 561 620-9292   |   |  |  |  |  |  |
| Name of Person Area Code & Daytime Telephone Nur  | <br>nber  |  |  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | Registration Section Division of Corporations P.O. Box 6327 |  |  |  |  |  |
| Enclosed is a check for the following amount:   |   |  |  |  |  |  |
| □ \$25 Filing Fee & Certified Copy  |   |  |  |  |  |  |
| NHS18 (2/14)  |   |  |  |  |  |  |



October 21, 2014

'RODERICK COLEMAN COLEMAN & ASSOCIATES, PA 400 S. DIXIE HIGHWAY, SUITE 121 BOCA RATON, FL 33432 US

SUBJECT: REALEATS CONSULTING LLC

Ref. Number: L13000092620

We have received your document for REALEATS CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 714A00022512

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1.               | Na   | me of the limited liability company: REALEATS C  | ONSU  | JL.                                | TING, LLC  |                                       |   |
|------------------|--|--|---|------------------------------------|--|---------------------------------------|---|
|                  |  |  |   |                                    |  |                                       |   |
|                  |  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | _ `   | <i>y</i> =                         | Mailing address of limited lia   |                                       |   |
|                  |  | 10668 PLAINVIEW CIRCLE   |   |                                    | 10668 PLAINVIEW CIRCLE   |                                       |   |
|                  | -  | BOCA RATON, FL 33498   | _   | -<br>!<br>-                        | BOCA RATON, FL 33498   |                                       |   |
|                  |  | 06/27/2013   |   | L                                  | 13000092620  |                                       |   |
| 3.               |  | Date of filing/registration in Florida   | 4.  |                                    | Document number  |                                       |   |
| 5.               | (a)  |  |   |                                    |  |                                       |   |
|                  | ()   | Registered Agent and Registered Office shown on the records of t   | he Florid   | la D                               | ept. of State:   |                                       |   |
|                  |  | UNITED STATES CORPORATION AGENTS   | S, INC  | <b>;</b> .                         |  |                                       |   |
|                  |  | Registered Office Address (MUST BE FLORIDA STREET A  | DDRES.  | <u>(S)</u>                         |  |                                       | ₹s  |
|                  |  | 13302 WINDING OAK COURT, SUITE A   |   |                                    |  | X                                     | LECT.   |
|                  |  | TAMPA, FL_   | 33612   | <u></u>                            |  | NOV 24                                | RETAI<br>AHAS                                       |
|                  |  |  |   |                                    | <del></del>  |                                       | SEE SEE   |
|                  | (b)  | Enter name of NEW Registered Agent and/or NEW Registered   |   |                                    |  | 重                                     | 기위이   |
|                  | Enter name of NEW Registered Agent and/or NEW Registered Office address: |  |   |                                    | <u>'SS</u> :   | AM 11: 32                             | 10F<br>71S  |
|                  |  | ROD COLEMAN, LLC   |   |                                    |  | 32                                    | TE  |
|                  |  | NEW Registered Office Address:   |   |                                    |  |                                       |   |
|                  |  | 400 S. DIXIE HIGHWAY, SUITE 121  |   |                                    |  |                                       |   |
|                  |  |  |   |                                    | <del></del>  |                                       |   |
|                  |  | BOCA RATON , FL  | 33432   | <u>'</u>                           |  |                                       |   |
| the<br>age<br>wa | cha<br>ent w<br>s/we   | mited liability company is not organized under the law<br>nge or changes are made, the Florida street address of<br>vill be identical. Or, in the case of a Florida limited lia<br>re authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the l      | s of the<br>the regi<br>bility co<br>f the lin<br>limited | e St<br>iste<br>om<br>nite<br>lial | red office and the business office pany, it is hereby confirmed that a liability company or as otherwipility company.                                | of the                                | registered  |
|                  |  | pel figher for   | 10  | EL                                 | FEIGENHEIMER   |                                       |   |
|                  |  | ure of a member of authorized representative of a member   |   |                                    | Printed or typed name of sig   |                                       |   |
| the<br>to i      | ovisii<br>obli<br>mere<br>ifiea  | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete proper and complete proper and complete properties of my position agreeistered agent as provided by reflect a change in the registered office address, I have a properties of this change. | ee to ac<br>perform<br>for in (<br>ereby c                | t in<br>ian<br>Chi<br>conj         | this capacity. I further agree to<br>ce of my duties, and I am familian<br>apter 605, F.S. Or, if this docume<br>arm that the limited liability comp | comple<br>with<br>ent is le<br>cany h | ly with the<br>and accept<br>being filed<br>as been |
| ع، د             | ,1   | A. Madining Lifetti  |   |                                    |  |                                       |   |