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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

TO: Registration Section Division of Corporations

Mahalak Enterprises Realty, 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:

Krista Mahalak

Name of Person

Peterson & Myers, P.A.

Firm/Company

242 West Central Avenue

Address

Winter Haven, FL 33880

City/State and Zip Code

KMahalak@PetersonMyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| Krista Mahalak | 863 294-3360 | | |
|---|--------------------------------------|--|--|
| Name of Person | Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building | P.O. Box 6327 | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | | | |
| Enclosed is a check for the following amount: | | | |
| ☑ \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | |

INHS18 (2/14)

STATEMENT OF CHÁNGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Floride | | ••• | | • | |
|------------------------------|--|---|--|---|--|
| 1. Na | me of the limited liability company: | | ses Realty, L | | |
| 2. (a) | 42650 Highway 27 | | (b) 299 Cypress Gardens Boulevard | | |
| | Principal office address of limited liability com (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) | |
| | Davenport, FL 33837 | | Winter F | laven, FL 33880 | |
| | 11/25/2013 | | L130001 | 65058 | |
| 3. 5. (a) | Date of filing/registration in Florida Krista Mahalak | 4 | | Document number | |
| J. (11) | Registered Agent and Registered Office shown on the r 99 6th Street SW | records of the Fl | orida Dept. of Stat | _ | |
| | Registered Office Address (MUST BE FLORIDA) | STREET ADDI | <u>(ESS)</u> | - | |
| | Winter Haven | FL_338 | 80 | | |
| (b) | Krista Mahalak | | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 242 West Central Avenue | | | | |
| | NEW Registered Office Address: | | | | |
| | Winter Haven | , _{FL} 338 | 80 | - | |
| the cha agent v was/we | imited liability company is not organized unde inge or changes are made, the Florida street ad vill be identical. Or, in the case of a Florida li ere authorized by an affirmative vote of the me icles of organization or the operating agreement | ldress of the imited liabilit embers of the | registered offic y company, it i limited liabilit ted liability cor | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in npany. | |
| | Ulay / nume | | Alex | Mahalak Printed or typed name of signee | |
| Ť | ture of a member or authorized representative of a memb | | | | |
| 11()(11)()() | by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as ely reflect a change in the registered office ad l'in writing of this change. | and agree to omplete perfo provided for dress. I herel | o act in this cap ormance of my in Chapter 60: by confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | |
| K | busth mahalel | | | | |

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00