## DE11 00000111

| (Requestor's Name)                      |                |             |  |  |  |
|---|----------------|-------------|--|--|--|
| (Address)                               |                |             |  |  |  |
| (Address)                               |                |             |  |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |  |
| PICK-UP                                 | ☐ WAIT         | MAIL        |  |  |  |
| (Business Entity Name)                  |                |             |  |  |  |
| (Document Number)                       |                |             |  |  |  |
| Certified Copies                        | _ Certificates | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |  |
|   |                |             |  |  |  |
|   |                |             |  |  |  |
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2018 FEB -1 P 5: 38
SECRETARY OF STATE

FEB 0 4 2016

**3 MASON** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |  |  |  |
|--|---|--|--|--|--|
| SUBJECT: ADDRESS CHANGE: PRO   | REALTY LLC  |  |  |  |  |
| Name of Limited Liability Company  |   |  |  |  |  |
| Dear Sir or Madam:   |   |  |  |  |  |
| The enclosed Registered Agent/Registered Office  | ce Change and fee(s) are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this   | s matter to the following:  |  |  |  |  |
| Scott Kroll  |   |  |  |  |  |
| Name of Person   |   |  |  |  |  |
| Pro Realty LLC   |   |  |  |  |  |
| Firm/Company   | <del></del>   |  |  |  |  |
| 410 N. Federal Hwy Ste.119   |   |  |  |  |  |
| Address  |   |  |  |  |  |
| Deerfield Beach FL 33441   |   |  |  |  |  |
| City/State and Zip Code  |   |  |  |  |  |
| acagrill@comcast.net   |   |  |  |  |  |
| E-mail address: (to be used for future annu  | nal report notification)  |  |  |  |  |
| For further information concerning this matter, I  | please call:  |  |  |  |  |
| Scott Kroll  | 561 251-3747  |  |  |  |  |
| Name of Person   | Area Code & Daytime Telephone Number  |  |  |  |  |
| 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 |  |  |  |  |
| Enclosed is a check for the following amount:  |   |  |  |  |  |
| <b>☑</b> \$25 Filing Fee   | □ \$55 Filing Fee & Certified Copy  |  |  |  |  |
| INHS18 (2/14)  |   |  |  |  |  |

## 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: Pro Realty LL   | С   |  |   |  |
|------------------------------|--|---|--|---|--|
| 2. (a)                       | 132 E. MCNAB RD  |   | (b) 132 E. MCNAB RD                                      |   |  |
| 2. (4)                       | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | `   | · ·  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |  |
|                              | POMPANO BEACH, FL 33060  |   | POMP   | ANO BEACH, FL 33060   |  |
|                              |  | _   |  |   |  |
|                              | 01/03/2014   | -   | L140000  |   |  |
| 3.                           | Date of filing/registration in Florida   | 4.  |  | Document number   |  |
| 5. (a)                       | Scott Kroll  |   |  | _   |  |
|                              | Registered Agent and Registered Office shown on the records of t   | the Floric                                | la Dept. of Sta  | ate:  |  |
|                              | 410 N. FEDERAL HWY   |   |  | _   |  |
|                              | Registered Office Address (MUST BE FLORIDA STREET A  | <u>IDDKES</u>                             | <u>27</u>  | 20 <b>20</b>  |  |
|                              | DEERFIELD BEACH , FL   | 33441                                     |  | FEB -   |  |
| (b)                          | Enter name of NEW Registered Agent and/or NEW Registered   | Office                                    | ddress.  | P 5: 3g   |  |
|                              | Elici name of NEW Registered Agent and of NEW Registered   | Omet a                                    | <u> 441.635</u> .  | S: SRI  |  |
|                              | 410 N. FEDERAL HWY STE. #119   |   |  | 3 <b>8</b><br>DA  |  |
|                              | NEW Registered Office Address:   |   |  | <del>-</del>  |  |
|                              | DEERFIELD BEACH , FL   | 33441                                     |  |   |  |
| the cha<br>agent w<br>was/we | imited liability company is not organized under the law<br>ange or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited lia-<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the | the regability of the linited             | istered offi<br>company, it<br>nited liabil              | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in   |  |
| Signa                        | ture of a member or authorized representative of a member  | <del></del>                               | ·····  | Printed or typed name of signee   |  |
| provisi<br>the obl<br>to mer | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is different this change.  | ee to ac<br>perform<br>d for in<br>hereby | ct in this ca<br>nance of m<br>Chapter 60<br>confirm tha | pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been |  |
| Signatu                      | re of Registered Agent   |   |  |   |  |