Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000044784 3)))



H250000447843ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORP SERVICES INC Account Name

Account Number : I20120000007 Phone : (702)866-2500 : (702)900-2290 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE REALTIME PEO III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations					
SURI	ECT:RE	REALTIME PEO III, LLC				
3000		ne of Limited Liability Company				
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Picase	return all correspondence concerning this i	natter to the following:				
	Heather Glenn					
	Name of Person					
	InCorp Services, Inc.					
	Firm/Company					
	9107 West Russell Road Suite 1	00				
	Address					
	Las Vegas, NV 89148-1233					
	City/State and Zip Code					
	documents@incorp.com					
F	-mail address: (to be used for future annua	report notification)				
For fur	ther information concerning this matter, ple	case call:				
Heath	er Glenn for InCorp Services, Inc.	800-246-2677				
	Name of Person	Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahussee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following an	iount:				
	2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18	3 (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.

. Na	me of the limited liability company: REALTIME PEC	O III,	LLC		
(a)	4111 Metric Drive		(b) 4111 Metric Drive		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(e) <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Winter Park, Florida 32792	-	Winter	Park. Florida 32792	
	03/28/2014		L14000	051366	
	Date of filing/registration in Florida	4.		Document number	
(a)	DAY, DON				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	4111 METRIC DR				
	Registered Office Address (MUST BE FLORIDA STREET AT	DDR <u>I</u> :	<u>(\$.\$)</u>	<u> </u>	
	WINTER PARK, FI		32792	2025 FEB	
(b)	InCorp Services, Inc.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	<u> Hice</u>	address:		
	3458 Lakeshore Drive			· M	
	NEW Registered Office Address:				
	Tallahassee , Ft.				
ent w is/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	s of the reposition of the leading to the leading t	ne State of gistered off company, i mited liabi I liability c	fice and the business office of the registere it is hereby confirmed that the change(s) fifty company or as otherwise provided in company.	
Signati	are of a member or authorized representative of a member		Ann Cran	Printed or typed name of signee	
ovisic Pobli mera	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address. The syn writing of this change. Louise Breytenbach or	erfor for in reby	mance of n Chapter 6 confirm th	apacity. I further agree to comply with the ty duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been	

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