## L14000137638

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





800411098128

06/27/23--01027--025 \*\*25.00

SEURE BARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER Registration Section TO: Division of Corporations 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: For further information concerning this matter, please call: Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Enclosed is a check for the following amount:

\$25 Filing Fee

Tallahassee, FL 32314

□ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 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.

١.	Nε	ame of the limited liability company:	Renega	de	Realt	y Trust,		
	(a)			(b)		<del></del>		
~-	(4)	Principal office address of limited liabil	- · · · · · · · · · · · · · · · · · · ·	(0)	Mailing address o	t limited liability compan	y:	
		(Note: MUST BE STREET ADD	1 1161	0.	( <u>Nøte: MAY B</u>	RE POST OFFICE BON	11	
		2430 Ntederal		<u> </u>	136 N. Fe	deral Hu	24 <del> II</del>	
		Lighthouse Point,	FL 33064		hthouse	Point, FL	3300	
		09/03/2014			_140001	37638	<del>,</del>	
3.		Date of filing/registration in Fi	lorida 4.		Document nur	mber		
5.	(a)							
		Registered Agent and Registered Office shown	on the records of the Flo	irida Dept. o 1 🕜	f Sinte:			
		Registered Office Address (MUST BE FLO	Irust L					
		2436 N. Federal						
		Lighthause Point	, FL_ <u>3</u>	3064	· <del></del> -	DZ3		
		V				LAND	1 !	
	(b)	Enter name of NEW Registered Agent and/or	NEW Registered Office	address:	<del></del>	27 ASS		
		0110	. 0 -		· · · ·	EG Z	177	
		Mansfield, Bronst	ein& Sto	ne, L	LLY	AM 10: 52	$\bigcirc$	
		NEW Registered Office Address:	011		250	PRIII 52		
		200 E Broward	Blvg, Su	ite 1	720	P		
		Fort Lauderdale		330	<u></u>			
lf t	ne li	imited liability company is not organized	d under the laws of t	the State o	f Florida, it is here	by confirmed that after	er the	
cha	nge	or changes are made, the Florida street will be identical. Or, in the case of a Florida	address of the regist	tered office	e and the business	office of the registere	ď	
Was	/wc	ere authorized by an affirmative vote of (	the members of the	limited lia	bility company or a	as otherwise provided	lin	
une —	arti	cles of organization or the operating agr	eement of the finite		bn//	schlap		
<u>-</u>	ignat	ture of a member or authorized representative of	n member	770)	Printed or typed	name of signee		
I h pro the	ereh visio obli pere	by accept the appointment as registered ons of all statutes relative to the proper lyations of my position as registered age by reflect a change in the registered offi	agent and agree to and complete perforent as provided for it ce address. I hereby	act in this rmance of n Chapter : confirm t	capacity. I further my duties, and I an 605, F.S. Or, if th hat the limited liah	agree to comply with n familiar with and a is document is being sility company has be	the ecept filed en	
nol	fied	I'm writing of this change.	.40					
Sig	natur	re of Registered Agent	PANTAL	, ·				
•	l	1 1	1/		ahassee FI 37313	I		
Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 FILING FEE: \$25.00								