## L150000082-78

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





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11/16/15--01029--004 \*\*25.09

STORTING PH F 1:

## COVER LETTER

TO:

Registration Section

Divi	sion of Corporations				
SUBJECT:	Buyers Only Florida Realty LLC				
	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the fo	ollowing:		
Thomas V	Vemett				
	Name of Person		<del></del>		
	Firm/Company		-		
10242 NV	V 47th Street - Suite #33				
	Address		<u></u>		
Sunrise, F	FL 33351				
	City/State and Zip Code		_		
tom@tom	wemett.com				
E-mail	address: (to be used for future ann	ual report notific	eation)		
For further i	nformation concerning this matter,	please call:			
Thomas V	Vemett	518	524-8875		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations fron Building 1 Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the following	amount:			
<b>X</b> s	25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14	4)				

## 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.	Name of the limited liability company: Buyers Only	Florida Real	ity LLC
2. (a			
(-	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(%)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10242 NW 47th Street - Suite #33		
	Sunrise, FL 33351		
	01/14/2015	L15	000008278
3.	Date of filing/registration in Florida	4.	Document number
5. (	a)		
(	Registered Agent and Registered Office shown on the records of WEMETT, THOMAS W	f the Florida Dept.	
	Registered Office Address (MUST BE FLORIDA STREET  235 E COMMERCIAL BLVD - SUITE #208		2115 NOV
	LAUDERDALE BY THE SEA	33308	W 16
		L	——
(1	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	Pro ω
	WEMETT, THOMAS W		
	NEW Registered Office Address:		<del></del>
	10242 NW 47TH STREET - SUITE #33		
	SUNRISE	<sub>L</sub> 33351	
	· · · · · · · · · · · · · · · · · · ·		<del></del>
the dager	e limited liability company is not organized under the lathange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members articles of organization or the operating agreement of the	of the registered iability compar of the limited l e limited liabili	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
C:	mature of a member or authorized representative of a member	THOMA	AS WEMETT, MANAGER  Printed or typed name of signee
I he province the control motification	reby accept the appointment as registered agent and agesisions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address, lifed in writing of this change.	gree to act in the e performance ed for in Chapi hereby confiri	is capacity. I further agree to comply with the