

L15 000 049012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

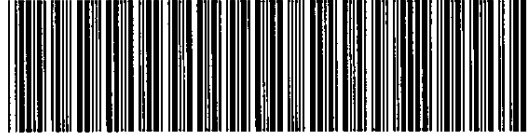
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



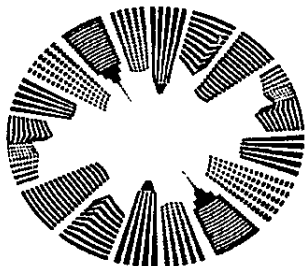
800286853058

06/17/16--01010--013 \*\*25.00

FILED

2016 JUN 17 A 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren  
JUN 20 2016



# CELEBRATION VIRTUAL OFFICES

215 Celebration Place, Suite 520, Celebration, FL 34747, Tel: (407) 734-0404, Cell: (407) 552-5763  
Email address: [Hartini@athomevr.com](mailto:Hartini@athomevr.com)

---

**VIA REGULAR MAIL**

June 13, 2016

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

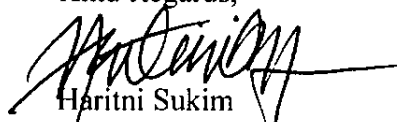
RE: Statement of Change of Registered Office OR Registered Agent OR Both for Limited Liability Company

Dear Sir or Madam:

Enclosed please find cover letter along with check in the amount of \$25 towards filing fee for the aforementioned matter.

Should you have any questions, please kindly contact me.

Kind Regards,

  
Haritni Sukim  
Executive Assistant to Jeff Chase

cc: File

Enclosures: Filing Fee and Cover Letter

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHASE TEAM 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:

JEFFREY M. CHASE

\_\_\_\_\_  
Name of Person

CHASE TEAM REALTY, LLC

\_\_\_\_\_  
Firm/Company

215 CELEBRATION PLACE, SUITE 520

\_\_\_\_\_  
Address

CELEBRATION, FL 34747

\_\_\_\_\_  
City/State and Zip Code

jeff@ahmanagementllc.com

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

For further information concerning this matter, please call:

Jeffrey M. Chase

at ( 407 )

709-6176

\_\_\_\_\_  
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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Chase Team Realty, LLC
2. (a) Jeffrey M. Chase,  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**  
215 Celebration Place, Suite 520  
Celebration, FL 34747
- (b) Jeffrey M. Chase  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**  
215 Celebration Place, Suite 520  
Celebration, FL 34747

3. 03/18/2015  
Date of filing/registration in Florida
4. L15000049012  
Document number

5. (a) Jeffrey M. Chase  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Chase Team Realty, LLC

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

215 Celebration Place, Suite 520

Celebration, FL 34747

- (b) Jeffrey M. Chase

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Chase Team Realty, LLC

NEW Registered Office Address:

215 Celebration Place, Suite 520

Celebration, FL 34747

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

JEFFREY M. CHASE  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

FILED  
2015 JUN 17 A 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA