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(Req	uestor's Name)			
(Add	ress)			
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COVER LETTER

TO: Registration Section Division of Corporations						
Great Lakes Real Estate, 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:						
Christopher Hollingsworth						
Name of Person						
Great Lakes Real Estate, LLC						
Firm/Company						
1283 Greybrooke Place						
Address						
Oldsmar, FL 34677						
City/State and Zip Code						
Thriftychicago@aol.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Christopher Hollingsworth 813 404-6325						
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						
INHS18 (2/14)						



May 20, 2019

CHRISTOPHER HOLLINGSWORTH 1283 GREYBROOKE PL OLDSMAR, FL 34677

SUBJECT: GREAT LAKES REALESTATE, LLC

Ref. Number: L15000094446

We have received your document for GREAT LAKES REALESTATE, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

2019 HAY 31 AM 10: 4

Letter Number: 019A00010154

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.

2. (a)			(I.)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company.		
	1283 Greybrooke Place	(<u>Note: MAY BE POST OFFICE BOX)</u> 1283 Greybrooke Place			
	Oldsmar, FL 34677		Olds	mar, FL 34677	
	April 30, 2019		L1500	00094446	
3. 5. (a)	Date of filing/registration in Florida	— 4.		Document number	
. (-,	Registered Agent and Registered Office shown on the records o	Orbe Floria	da Dant - sé	Company of the compan	
	United States Corporations Agent, Inc.	i die i join	aa Dept, or	State;	
	Registered Office Address (MUST BE FLORIDA STREET	ANDRES			
	13302 Winding Oak Court A	<u>ADDKES</u>	<u>7)</u>		
	Tampa	33612	-		
		** <u></u>		AUT KHY	
(h)					
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ac	<u>ldress</u> :	≱ ≺ 95≾ ω	antiga garan
	Christopher Hollingsworth				e-tuni
	NEW Registered Office Address:				Same of a
	1283 Greybrooke Place				
	Oldsmar	34677		·	
ent w: as/wer	nited liability company is not organized under the lavage or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of a granization or the operating agreement of the	vs of the the regi ability co	State of stered of ompany, sited liab	it is hereby confirmed the filty company or as other	ice of the register
<u>~:</u>	100/Com	Dav	vid Ada	ms	
	nature of a member or authorized representative of a member			Printed or typed name of	-
hereby ovisio oblig	v accept the appointment as registered agent and agr ns of all statutes relative to the proper and complete attions of my position as registered agent as provided v reflect a change in the legistered office address, I i	ee to act perform I for in C	in this c ance of n Thupter (rapacity. I further agree ny duties, and I am famil 605, F.S. Or, if this docu	to comply with the iar with and accement is being file

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