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Office Use Only



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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divis	sion of Corporations			
SUBJECT:	Central Florida Realty & Trust LLC			
	Name of Limited Liability Company			
Dear Sir or M	1adam:			
The enclosed	Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.	
Please return	all correspondence concerning the	nis matter to the	following:	
Kinsey Ha	ddock			
	Name of Person		_	
Central Flo	rida Realty & Trust LLC			
	Firm/Company	<u> </u>	_	
1011 Palm	Blvd			
	Address		_	
Port St Joe	r, FL 32456			
	City/State and Zip Code		_	
centralflorio	darealtyllc@gmail.com			
E-mail a	address: (to be used for future an	nual report notifi	cation)	
For further in	formation concerning this matter	, please call:		
Kinsey Had	ldock	727 at (859-6655	
	Name of Person		Area Code & Daytime Telephone Number	
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	Reg Div P.O	dilling ADDRESS: gistration Section ision of Corporations between Box 6327 lahassee, Florida 32314	
Enclo	osed is a check for the following	g amount:		
4 \$2	5 Filing Fee	□ \$5	5 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. N	ame of the limited liability company: Central Flori	da Realty &	Trust LLC
2. (a)	Central Florida Realty & Trust LLC	(b) Ce	ntral Florida Realty & Trust LLC
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	4830 West Kennedy Blvd. Suite 600	101	I1 Palm Blvd
	Tampa, FL 33609	Por	t St Joe, FL 32456
	07/29/2015	L150	000129921
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Kinsey Haddock		
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept.	of State:
	Central Florida Realty & Trust LLC		of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	22
	623 E Tarpon Ave		-P
	Tarpon Springs	34689	
(b)	Kinsey Haddock		
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
	Central Florida Realty & Trust LLC		
	NEW Registered Office Address:		
	4830 West Kennedy Blvd. Suite 600		
	Tampa	լ 33609	
Signa I here provise the obtion motified	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the dure of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change.	of the registered liability compan of the limited liability e limited liability e limited liability and the limited liability error to act in the liability performance.	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Find cy Printed or typed name of signee is capacity. I further agree to comply with the