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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

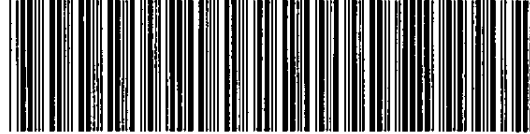
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Port Realty Referral Group LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua E. Brown
Name of Person
Way Point Realty
Firm/Company
P.O. Box 56
Address
Crawfordville, FL 32326
City/State and Zip Code
jbrown@obrealty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua E. Brown at (850) 528-6385
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Home Port Realty Referral Group LLC

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AUG 18 12:30
NEW REGISTERED AGENT
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Waypoint Properties Florida LLC	P.O. Box 56 Crawfordville FL 32328	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 17th, 2015

Signature of a member or authorized representative of a member

Joshua E. Brown
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

