

L16000037144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

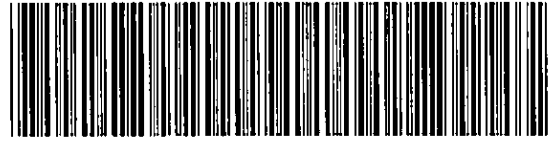
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200315586692

07/19/18--01005--020 ++25.00

FILED  
18 JUN 19 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. SIMMONS

2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLAUDIA ELLER Amde 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:

CLAUDIA ELLER  
Name of Person

Clodie Eller Amde Realty LLC  
Firm/Company

1424 SE 17<sup>th</sup> Ave, #2  
Address

Cape Coral, FL 33990  
City/State and Zip Code

clodieeller@acglobalpm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clodie Eller at ( 239 ) 244-7204  
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: CLAUDIA ELLER RALHE REACTY LLC

2. (a) 1424 SE 17<sup>th</sup> Ave # 2  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Cape Coral, FL 33990

(b) ~~\_\_\_\_\_~~  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. 02/22/2016  
Date of filing/registration in Florida

4. L 16000037144  
Document number

5. (a) CLAUDIA ELLER  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1424 SE 17<sup>th</sup> Ave, # 2  
Cape Coral, FL 33990

FILED  
18 JUN 19 PM 4:16  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

(b) ~~\_\_\_\_\_~~  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1222 SE 47<sup>th</sup> ST, Suite C1  
Cape Coral, FL 33904

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

CLAUDIA ELLER  
Printed or typed name of signer

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 me 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