116000087280

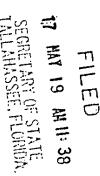
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Special Instructions to Filing Officer:						
Special instructions to Filling Officer.						
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Office Use Only



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D. SCOTT MAY 2 2 2017

COVER LETTER

TO:

INH\$18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJI	FLORIDA	PRIM	IE REAI	_ES	TATE GROUP, LLC	
3000		ne of L	imited Li	ability	Company	
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Off	fice Cha	ange and	fee(s)	are submitted for filing.	
Please	return all correspondence concerning the	iis matt	er to the	follow	ring:	
	CHARLES CASTELLON	1				
***	Name of Person					
FLOF	RIDA PRIME REAL ESTATE GRO	OUP, L	LC.			
	Firm/Company					
	8810 Commodity Circle Suit	e 27				
	Address					
	Orlando FL 32819					TANAL R
	City/State and Zip Code	***************************************				FILLED MIN 38 IN 19 MIN 38 IN 19 MIN 38 IN 19 MIN 38
	broker@flprimegroup.com					
E	E-mail address: (to be used for future and	nual rep	ort notif	cation	1)	759
For fu	rther information concerning this matter	, please	e call:			38
Silv	via De Leon	at (407)	427-4777	
	Name of Person			Area	a Code & Daytime Telepl	hone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.C	gistrat /ision). Box	ion Section of Corporations 6327 see, Florida 32314	
	Enclosed is a check for the following	g amou	nt:			
	\$25 Filing Fee		□ \$5	5 Fili	ng 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. Na	me of the limited liability company: FLORIDA F	PRIME RE	EAL ESTATE GROUP, LLC
		4.5	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8810 Commodity Circle Suite 27		8810 Commodity Circle Suite 27
	Orlando FL 32819	 -	Orlando FL 32819
	5/03/2016		L16000087280
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			•
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida D	Dept. of State:
	Patrick Bradford A		
	Registered Office Address (MUST BE FLORIDA STREET	2	
	7901 Kingspointe Parkway Suite 8		
	Orlando	L 32819	
	, г	L	·
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addre	Iress:
	Charles Castellon		FILED MI 38
	NEW Registered Office Address:		mg z O
	8810 Commodity Circle Suite 27		ES =
			38
	Orlando , F	32819	
the cha agent w was/we the arti Signar I herei provisi the obl	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture 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 completingations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	of the registe liability com of the limited lia	itered office and the business office of the registere impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company. Silvia De Leon Printed or typed name of signee in this capacity. I further agree to comply with the

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