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O BRUCE SEP 18 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Passport to Paradise 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:
George Briley Name of Person
Pass port to Paradise Realty, LLC Firm/Company G20 Boca Ciega Point Boulevard South
Saint Peters burg, Florida 33708 City/State and Zip Code City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
George Bailey at (727) 244-6391 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

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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. Nam	ne of the limited liability company:	port to f	Paradise	Realty LL	.C	
2. (a) /	Attn: George Bailey	11	attn: G	/ / \	ley	
· · <u> </u>	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	npany:	Mailing a	address of limited liabil MAY BE POST OFF		
(620 Born Gegn Point B			DEA GEOR	Dist RI	
	paint Petersburg, FL 33			tersburg, F	1 352 K	_ <u>∨</u> . ∆0
), 15 33	<u> 70.6</u> .	JAIAI 18	RI SDUIY, F	<u> </u>	∠ č
_	Sept 10 2018		L 1600	00943	55_	
3.	Date of filing/registration in Florida		Docum	nent number		_
5. (a) _	George Bailer					
K	egistered Agent and Registered Office shown on the	records of the Florida L	ept. of State;			
R	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)				
_	13302 Winding On	k Court	<u>Suite</u> A			
_	Timoa	, FL_ 33'4	.			
	to do all			TAL ST	2018	
(b) <u> </u>	nter name of NEW Registered Agent and/or NEW F	Registered Office addr	ess:	一つ。	SES T	,
				PSSKI	<u> </u>	:
<u>.</u>	EW Registered Office Address:	=			P [ţ
	620 BOCA Ciega	Point Blue	d. South	LOS TA	2: 5	
- -ر	, , , ,			, 10 V		
2	Saint Petersburg	, FL_ 337	08			
If the limi	ited liability company is not organized under	er the laws of the St	tate of Florida, it	is hereby confirme	d that after	
agent will	te or changes are made, the Florida street act be identical. Or, in the case of a Florida li authorized by an affirmative vote of the me	imited liability com	pany, it is hereby	confirmed that the	e change(s)	
the article	es of organization or the operating agreemen	nt of the limited lial	bility company.	•	•	
Signature	e of a member or authorized representative of a memb		CC F.C. Printed	GAILEY or typed name of signe	<u> </u>	_
I hereby a	accept the appointment as registered agent	and agree to act in	this canacity: I	further garee to co	ample with th	e
provisions the obliga to merely	s of all statutes relative to the proper and c utions of my position as registered agent as reflect a change in the registered office ad	omplete performan provided for in Chi dress I hereby con	ce of my duties, a apter 605, F.S. (firm that the limit	and I am familiar w Or, if this document and liability compo	ith and acce t is being file	pt d
notified in	writing of this change.	areas. I hereby com	ara mai me umu	гва наошиу сотра	ny nas veen	
Signature o	of Registered Agent					