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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	507 Del Prado, LLC		
	Nan	ne of Limited	Liability Company
Dear Sir or M	Madam:		
The enclosed	I Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.
Please return	all correspondence concerning th	is matter to th	ne following:
Evelyn Gu	zman		
-	Name of Person		
Realty Cap	oital Advisors, LLC		
-	Firm/Company		
341 N Mai	tland Ave, ste 115		
	Address		
Maitland, F	FL 32751		
	City/State and Zip Code		
ap@realty	capitalfl.com		
E-mail	address: (to be used for future and	nual report no	tification)
For further in	nformation concerning this matter.	, please call:	
Lucy Stern	nan	407 at (843-7070
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi Clift 2661	SEET/COURIER ADDRESS: Istration Section Sion of Corporations on Building Executive Center Circle Shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
• Encl	losed is a check for the following	; amount:	
⊘ \$:	25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/14	()		

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.

company: Mailing address of limited linking
company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
L16000104981
ida 4. Document number
the records of the Florida Dept. of State:
PASTREET ADDRESS) ASS TO THE PASTREET ADDRESS)
全
V Registered Office address:
. _{FL} 32751
ider the laws of the State of Florida, it is hereby confirmed that after
the registered office and the business office of the register
limited liability company, it is hereby confirmed that the change(s)
limited liability company, it is hereby confirmed that members of the limited liability company or as otherwent of the limited liability company.

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