116000116230

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Outlown Rea	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 concerni	ng this matter to the following:	
Randolph L. Hunz Name of Person	iker	
Our Town Realty G	roup	
7584 NW 4th Blvd.		
Gainesville FL = City/State and Zip Co	3260 多 7 de	
Fandynunziker@k E-mail address: (to be used for futur	annual report notification)	
For further information concerning this man	nter, please call:	
Randy Hunziker Name of Person	at (407) 697-7877 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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	
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, 1. Name of the limited liability company: Principal office address of limited lability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) raincoulle 46000116230 Date of filing/registration in Florida 3. 4. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: (sainesville .FL 32607 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 all lorida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an afternative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Signature If a member or authorized representative of a member 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 my position 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.

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

Signature of K

egistered Agent