## 1/6000132350

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(Address)				
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(City/State/Zip/Phone #)				
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(Document Number)				
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TO: Registration Section Division of Corporations					
SUBJECT: MALTI 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:					
Jossette S Malti Name of Person					
Malti Realty LLC Firm/Company					
P 0 Box 47069  Address					
St Petersburg, FL 33743-7069 City/State and Zip Code					
Josse He C AOL. Com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jossette Malti at (727) 686-0877					
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 & 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. Na	me of the limited liability company:	I REALT	Y LLC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  33710	_	
	7/18/2016		16000132350
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Jossette S Malti	TI 11 D	_
	Registered Agent and Registered Office shown on the records of the	e Fiorida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)	<del>-</del>
	<u> </u>		<b>~</b>
(b)	St Peters burg, FL JOSSETTE S MALTI	33701	- 8.55 FE. F. CO.
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice address:	- 0000 <b>6</b> 0000 0000 0000 0000 0000 0000
	1536 PARK ST N		<b>(3)</b>
	NEW Registered Office Address:		-
	5+ Petersburg, FL:	337/0	_
the cha agent w was/we the arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered office bility company, it the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	ssette & Malt	Josse H	Printed or typed name of signee
Signa	ture of a member or authorized representative of a member		3, 1
provisi the obl to mer	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I he in writing of this change.	? to act in this cap erformance of my for in Chapter 60 vreby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	esette & Maltin		