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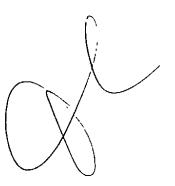
(Requestor's Name)
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(City/State/Zip/Phone #)
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2023 OCT 30 /// 9: 29



COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUBJ	Change of Registered Agent Ad	ldress		
		Name of Limited	Liability Company	
Dear S	Sir or Madam:			
The cr	nclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.	
Please	return all correspondence concerning	ig this matter to the	e following:	
Rafac'	Marin			
	Name of Person			
REAL	M LLC			
-	Firm/Company			7 073
1062 F	Hunting Lodge Drive			2021 OCT 30
	Address			သ ()
Miam	i Springs, FL 33166			:: ::
	City/State and Zip Co	de		??
ralphn	narin@yahoo.com			
	E-mail address: (to be used for future	annual report noti	fication)	
For fu	rther information concerning this ma	itter, please call:		
Rafae	Marin	305 at (7109411	
	Name of Person	u(Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the follow	wing amount:		
■ \$25 Filing Fee □ \$55			\$55 Filing 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.

Na	me of the limited liability company: REALM, LLC	_			
a)	1062 Hunting Lodge Dr		Sam	me as Principal	
·,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability com (Note: MAY BE POST OFFICE BO)	
	Miami Springs, FL 33166				
	11/08/2016 (Eff date 11/7/2016)		L1600	000205675	
a ì	Date of filing/registration in Florida Rafael Marin	4.		Document number	
(a)	Registered Agent and Registered Office shown on the records of c/o 5245 NW 36 Street	the Flori	la Dept.	, of State:	
	Registered Office Address (MUST BE FLORIDA STREET) Suite 205	ADDRE <u>:</u>	<u>5S)</u>		
	Miami Springs, , FI	33166		2023	
))	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office_z	ddress:		
	1062 Hunting Lodge Drive				
	NEW Registered Office Address:			29	
	Miami Springs . FI	33166			
ge t v we rti	imited liability company is not organized under the la or changes are made, the Florida street address of the will be dentical. Or, in the case of a Florida limited li are artherized by an affirmative vote of the members clessof organization or the operating agreement of the	ws of the registe ability of the limited	red offi ompan mited li	fice and the business office of the regis ny, it is hereby confirmed that the chan liability company or as otherwise prov ity company.	tered ige(s)
nai	ture of a member or authorized representative of a member			Printed or typed name of signee	
isi 61 ere	by accept the appointment as registered agent and agent of all statutes relative to the proper and complete infinitys of mr position as registered agent as provide the reflect a dhange in the registered office address, I fin writing of this change.	nerton	nance o	of my duties, and I am familiar with ar	ıd ace
rovisi e obl mere viifiee	one of all statutes relative to the proper and complete ignious of mr position as registered agent as provide ele reflect a dhange in the registered office address, I	nerton	nance o	of my duties, and Lam familiar Wi	th ar