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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: 4A Commercia Real P. Name of Limi   | state + Leasing, LLC ted Liability Company  |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office Chang  | ge and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter t  | to the following:   |
| Myriam Alexander Name of Person  |   |
| 4A Commercial Real Estate + Le   | asing, LLC  |
| 4215 SW31st Place  | · · · · · · · · · · · · · · · · · · ·   |
| Ocala, FL 34474 City/State and Zip Code  |   |
| Hach Le agmail com E-mail address: (to be used for future annual repor   | t notification)   |
| For further information concerning this matter, please co  | all:  |
| Marcus Alexander at (3) Name of Person   | 252 <u>816 - 7353</u><br>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  | \$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. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BON) ling/registration in Florida 3. Registered Agent and Registered Office shown on the records of the Florida Dept. of State (MUST BE FLORIDA STREET ADDRESS) Registered Office Address (b) Enter name of NEW Registered Agent and/or NEW Registered Office address 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 a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative 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. 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 It egistered Agent