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COVER LETTER

Division of Corporations									
Radinka International Realty LLC SUBJECT:									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.								
Please return all correspondence concerning this man	tter to the following:								
RADINKA ILSINK									
Name of Person									
Radinka International Realty LLC									
Firm/Company									
8130 LAKEWOOD MAIN ST STE 103									
Address									
LAKEWOOD RANCH FL 34202									
City/State and Zip Code									
INFO@RADINKA.COM									
E-mail address: (to be used for future annual re	port notification)								
For further information concerning this matter, pleas	e call:								
RADINKA ILSINK	941 962-4072								
Name of Person	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 following amou	int:								
\$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.	Na	me of the limited liability company:	ional R	alty	LLC				
2. (a)	8130 Lakewood Main St, Suite 103Lakewood Ranch, FL	3420 2	(b) 12615 20th St E Parrish FL 34219					
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Ma	ailing address of (Note: MAY BE		-	
		12/27/2016			1400033331				
3.		Date of filing/registration in Florida	4	_	1600023221:		h		
	(.)	KOONTZ, JO ANN M	4.		D	ocument num	oei		
5.	(a)	Registered Agent and Registered Office shown on the records o	f the Flo	rida [Dept. of State:				
		Registered Office Address (MUST BE FLORIDA STREET) 1613 FRUITVILLE RD.SARASOTA, FL 34236	L	<u> </u>			SECRETARY OF ST TALLAHASSEE, FLO	2021 MAR 15 AM	
(b)	RADINKA ILSINK					FL0	ж	\bigcirc
		Enter name of NEW Registered Agent and/or NEW Registere	d Office	addı	ress:		ORIDA	<u>ω</u>	
		NEW Registered Office Address:			-				
		8130 Lakewood Main St, Suite 103Lakewood Ranch, Fl	34202						
			L						
char ager was	nge nt w /we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited la re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regist iability of the l e limite	ered com imit d lia	office and to pany, it is he ed liability of	the business of hereby confirm company or as any.	ffice of the	ie regi: ne chai	stered nge(s)
Sig	gnat	ure of a member or authorized representative of a member	_		Р	rinted or typed n	ame of sign	iec	
prov the o	visio obli iere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	e perfored for it	man n Ch	ice of mỹ du apter 605. I	ties, and I am F.S. Or. if this	familiar : docume	with a	nd accept eing filed

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

Signature of Registered Agent