L17000 129799

(Re	equestor's Name)	
· (Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

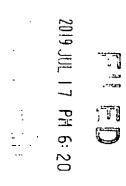
Office Use Only

709-2575.



900330247709

06/14/19--01611--615 **%5.06



C. GOLDEN
JUL 1 7 2019

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Skrmetta Real Est Name of Limite	ate Granp. ed 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:	
Evelyn Skemetta Name of Person		
SKrmetta Real Estate &	conb	
460 DeSoto Parkway Address		
Satellite Beach, FL City/State and Zip Code	32937	
E-mail address: (to be used for fundre annual report	notification)	
For further information concerning this matter, please call	:	
Evelyn Skrmella at (at (at (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	S55 Filing Fee & Certified Copy	
INHS18 (2/14) \$35 check sent		



June 26, 2019

EVELYN SKRMETTA 460 DESOTO PARKWAY SATELLITE BEACH, FL 32937

SUBJECT: SKRMETTA REAL ESTATE GROUP, LLC

Ref. Number: L17000129799

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 019A00013018

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: Skrnetta Real Botate Group, LIC
	(a)	460 De Soto Parkway (b) 460 De Soto Parkway
		Principal office address of limited liability company: Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		Satellite Beach, FL 32937 Satellite Beach, FL 32937
3.		Date of filing/registration in Florida 1. 17.000 12.97.99 Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
		460 DeSul Dukum
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Satellite Beach FL 32937
		FL 32937
		Satellite Beach FL 32937
	(b)	<u>Evelyn Skrmetta</u>
		Emer name of NEW Registered Agent and/or NEW Registered Office address:
		460 De Soto Park way
		NEW Registered Office Address:
		Satellite Beach, FL 32937
		, FL 32987
		mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
		nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was	s/we	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	- / I	1 A A A A A A A A A A A A A A A A A A A
S	ignat	ure of a number of authorized representative of a member Evelyn Skoned. Printed or typed name of signee
I h	erel viși	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
tne to r	obli ngre	is accept the appointment as registered agent and agree to act in this capacity. I father agree to comply with the ons one of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in Spiring of this change.
not	ifiea	Cul Sting of this example.
Sig	natui	re of Registered Aspirit