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17 AUG 14 PH 1: 32 DIVISION OF CHRO DO ALECKE

O SIMMONS AUG 1 5 2017

	COVER LETTER			
	gistration Section vision of Corporations			
SUBJECT	Don Gino Realty, L.L.C.			
		ne of Limited	Liability Company	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Off	fice Change a	and fee(s) are submitted for filing.	
Please retui	rn all correspondence concerning th	nis matter to	the following:	
Lucille B.	Belnick MD			
	Name of Person			
Don Gino	Realty, L.L.C			
	Firm/Company			
1932 Old	Colony Ln.			
	Address			
Maitland,	FL 32751			
	City/State and Zip Code			
donginoll	c@gmail.com			
E-ma	il address: (to be used for future and	nual report n	otification)	
For further	information concerning this matter	, please call:		
Sofia Poli	iak	407	712-5454	
	Name of Person		Area Code & Daytime Telephone Number	
ST	REET/COURIER ADDRESS:		MAILING ADDRESS:	
Reg	gistration Section		Registration Section	
Div	vision of Corporations	Division of Corporations		
	fton Building		P.O. Box 6327	
	61 Executive Center Circle		Tallahassee, Florida 32314	
Tal	llahassee, Florida 32301			
En	closed is a check for the following	g amount:		
J	\$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.

1. Na	ame of the limited liability company:	ealty, L.L.C.		
2. (a)	1932 Old Colony Lane	(b)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limite (Note: MAY BE POS	
	Maitland	<u></u>		
	Florida 32751			
	06/30/2017	L1700	0141863	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Lucille B. Belnick MD			
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State:	
	1932 Old Colony Lane			
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)		<u> </u>
				F AUG
	Maitland . F	32751		FILED 17 AUG 14 PM 1: 32 DIVISION OF COMPENSATION
	Sofia E. Poliak			量 平 皿
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:		
				PH 1: 32 Charterate Chart
	NEW Registered Office Address:			V .
	1000 Winderley Pl. #147			
	Maitland , F	_L 32751		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company, of the limited liab	ffice and the business o it is hereby confirmed pility company or as oth	ffice of the registered that the change(s)
		-	Le 15/4:CC Printed or typed name	MN
Signa	ture of a member or authorized representative of a member	_ ucer	Printed or typed name	of signee
provisi the obl	by accept the appointment as registered agent and agions of all statutes relative to the proper and completed ligations of my position as registered agent as provided with the registered office address, and in writing of this change. Which I writing of this change.	gree to act in this e performance of , led for in Chapter I hereby confirm to	capacity. I further agre my duties, and I am Jan 605, F.S. Or, if this do hat the limited liability	e to comply with the tiliar with and accept cument is being filed company has been
Signatu	re of Registered Agent			