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## **COVER LETTER**

TO: Registration Section Division of Corporations				
C2 Real Estate, LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office (	Change and	I fee(s) are submitted for filing.		
Please return all correspondence concerning this m	atter to the	following:		
Timothy P. Malloy, Esquire				
Name of Person	<del></del>	<del></del>		
Barley Snyder, LLP				
Firm/Company	_			
50 N. Fifth Street, P.O. Box 942				
Address				
Reading, PA 1903				
City/State and Zip Code		<del>-</del>		
tmalloy@barley.com				
E-mail address: (to be used for future annual	report notif	leation)		
For further information concerning this matter, plea	ise call:			
Timothy P. Malloy	484 t (	334-8371		
Name of Person	\ <u></u>	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 amo	ount:			
□ \$25 Filing Fee	<b>2</b> \$5	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	ame of the limited liability company: C2 Real Es	state, LLC		
2. (a)	1007 Indigo Drive	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Celebration, FL 34747	<del></del>		
	08/29/2017	1700018ء	4640	
3. 5. (a)	Date of filing/registration in Florida Richard C. Gromis	4,	Document number	
5. (a)	Registered Agent and Registered Office shown on the records 81 Crooked Tree Lane Registered Office Address  **MUST BE FLORIDA STREET*	_	<del></del> te: 	
	Unit 2		# # # # # # # # # # # # # # # # # # #	
	Vero Beach	FL 32962		
(b)	Conor F. Delaney	-	60	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:		
	1007 Indigo Drive		· · · · · · · · · · · · · · · · · · ·	
	NEW Registered Office Address:			
	Celebration	FL 34747	- -	
agent w	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the reauthorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the second control of the operating agreement of the second control of the second con	of the registered offic I liability company, it is s of the limited liability	e and the business office of the registered s hereby confirmed that the change(s)	
		Conor F. De	Conor F. Delaney	
	ure of a member of authorized representative of a member	_	Printed or typed name of signee	
the obli	by accept the appointment as registered agent and completions of all statutes relative to the proper and completigations of my position as registered agent as proving reflect a claume in the registered office address, fin writing of this change.	agree to act in this cap tie performance of my ded for in Chapter 60; I hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatur	re of Registered Agent			