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(Requestor's Name)					
(Address)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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SEP 22 2018

COVER LETTER

TO: Registration Section Division of Corporations		•	
Francois Realty			
	ne of Limited Li	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the	following:	
Enock Francois			
Name of Person	_	_	
Francois Realty			
Firm/Company	· · · ·	 -	
721 West Jasmine			
Address			
Lake Park, FL, 33403			TALLY
City/State and Zip Code			SEP -
enockfrancois@gmail.com			SSE SE
E-mail address: (to be used for future am	ual report notif	ication)	
For further information concerning this matter	. please call:		# 8: 24 FLORIDA
Enock Francois	561	319-6717	
Name of Person		Area Code & Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314	
Enclosed is a check for the following	; amount:		
☑ \$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.

l. Na	me of the limited liability company: Francois Realt	y		
	721 West Jasmine	(b)	6600 S\	W 63rd CT
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lake Park FL, 33403	_	Ocala F	L, 34474
	9/12/2018	_	/	V/A
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Legal Zoom			_
	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept, of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		_
(b)	. FL	Office add	ress:	MI SEP IS AT
	NEW Registered Office Address:			- 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
	Olala FL	344	74	_
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility con the limi imited li	ered offic npany, it i ted liabilit ability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signat	ure of a member or authorized representative of a member	Eno	ck Franc	Printed or typed name of signee
I herel provisi he obli o mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to act performa for in C ereby co	in this cap nce of my hapter 60. nfirm that	pacity. I further agree to comply with the

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

Signature of Registered Agent