L17000 232 567

(Requestor's Name)				
(Address)				
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(Business Entity Name)				
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COVER LETTER

TO: Registration Section Division of Corporations	
Change of Registered Agent's Address SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Thomas Heimann	
Name of Person	
Realty Partners Referrals LLC	
Firm/Company	
1990 Main Street Suite 750	
Address	
Sarasota, FL 34236	
City/State and Zip Code	
thomas@realty-partners.com	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please co	all:
Thomas Heimann 94	11 500-4062
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 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.

. Na	ime of the limited liability company: Realty Partners F	Referrals LL	.C	
	Principal office address of limited liability company:	(b)) Mailing address of limited liability company	 r:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	1990 Main Street Suite 750		1990 Main Street Suite 750	
	Sarasota, FL 34236	<u> </u>	Sarasota, FL 34236	
	11/09/2017	1.	L17000232567	
8.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records o REALTY PARTNERS LLC	f the Florida I	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)		
	1680 Fruitville Rd Suite 332		2	
	Sarasota , F	L_34236	20201:	
(b)			22	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	dress:	
			15:	
	NEW Registered Office Address:		<u> </u>	
	1990 Main Street Suite 750			
	Sarasota	34236		
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or in the case of a Florida limited level authorized by the affirmative vote of the members icles of organization or the operating agreement of the	nws of the ! e registered iability con of the limited li	State of Florida, it is hereby confirmed that after a office and the business office of the registere ompany, it is hereby confirmed that the change (ited liability company or as otherwise provided	s)
Signs	nture of senioer or authorized representative of a member		Printed or typed name of signee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete ligations of my posterious registered agent as providely reflect a change of the registered office address. It is not the property of the property	gree to act e performa ed for in C hereby co.	in this capacity. I further agree to comply with unce of my duties, and I am familiar with and a Thapter 605, F.S. Or, if this document is being onfirm that the limited liability company has be	h the eccept filed en