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(Requestor's Name)
(Address)
(Address)
(* 1511,555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FL

M

COVER LETTER

TO: Registration Section Division of Corporati	ons	
Executive Trust B SUBJECT:	Realty, LLC	
	Name of Limite	ed Liability Company
Dear Sir or Madam:		
The enclosed Registered Ager	nt/Registered Office Change	and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to	the following:
		2024 SEC T
Lisbet Mitchell		
Name	e of Person	Charge at the same
Executive Trust Realty, LLC		from Sof P
Firm	/Company	= 3300 N CARANTECS
7100 NW 17 St #112		PKWY Ste 200
Ade	dress	Weston to 33326
Plantation, Fl, 33313		Weston FL 33326 to Registered address TOO NW 17 51 #112
City/State	e and Zip Code	1100 to F1 33313
yourmiamihomes@gmail.com		Planta 10 min by 10/3
E-mail address: (to be us	sed for future annual report n	otification)
For further information conce	rning this matter, please call:	
Lisbet Mitchell	954 at (605 0599
Name of Pers		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check t	for the following amount:	
\$25 Filing Fee		1 \$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.

2. (a)			(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)				
	7100 NW 17 St #112		7	'100 NW I	7 St #112	SEC T/	2024		
	Plantation, FI 33313		ŀ	Plantation, 1	Fl, 33313	RET/	807	•	
	12.19.17	_	L	70002584	30	VRY OF S	PH	1-	
3. 5. (a)	Date of filing/registration in Florida	4.			Document number	STAT E, FL	: अ	77_	
J. (a)	Registered Agent and Registered Office shown on the records of LISBET MITCHEU			ept. of State:		m			
	Registered Office Address (MUST BE FLORIDA STREET) 7100 NW 17 St #112	<u> 1DDRE.</u>	<u>SS)</u>						
	Plantation . FI	33313							
(b)	Lishet Mitchell Enter name of NEW Registered Agent and/or NEW Registered	Office :		<u></u>					
	Lisbet Mitchell			_					
	NEW Registered Office Address: 7100 NW 17 St #112								
	Plantation, FL	33313	_						
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the li	red comp mite	office and pany, it is d liability	the business office hereby confirmed the company or as other	of the re hat the cl	gistere lange(s	d s)	
(A Melchell iure/of a member or authorized representative of a member	Li	shet	Mitchell					
					Printed or typed name c				

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

Signature of Registered Agent