

L18000016960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

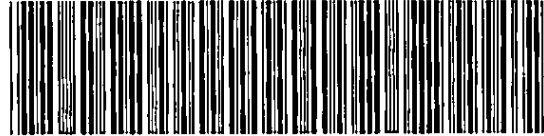
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wachey

R. WHITE

JUN 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inquiries By Reality, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alison Rhyne

Name of Person

Inquiries By Reality, LLC

Firm/Company

PO Box 489

Address

Brooksville, FL 34605

City/State and Zip Code

alison@realitygroup.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alison Rhyne

910
at (

690-5874

Name of Person

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Conv

**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. Name of the limited liability company: inquiries By Reality, LLC

2. (a)

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

25249 Angel Street
Brooksville, FL 34601

(b)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PO Box 489
Brooksville, FL 34605

1/17/2018

L18000016960

3. Date of filing/registration in Florida

4. Document number

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Alison T Rhyne

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

335 N Magnolia Ave Unit 501

Orlando, FL 32801

(b)

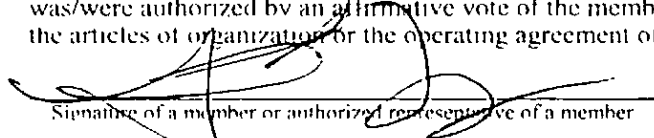
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

25249 Angel Street

Brooksville, FL 34601

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Alison T Rhyne

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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18 JUN 18 AM 10:57
STATE OF FLORIDA
TALLAHASSEE