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COVER LETTER

то:	Registration Section Division of Corporations		•		
SUBJ	Unique Realty Solutions LL	С			
SUDJ		ne of Limited	d Liability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	fice Change a	and fee(s) are submitted for filing.		
Please	e return all correspondence concerning th	nis matter to	the following:		
Karla	a Lewis Green				
	Name of Person				
Uniq	ue Realty Solutions LLC				
	Firm/Company				
7628	Covedale Dr				
	Address				
Orlai	ndo, FL 32818				
<u> </u>	City/State and Zip Code				
uniqu	uerealtysolutionsllc@gmail.com				
	E-mail address: (to be used for future an	nual report n	otification)		
For fu	orther information concerning this matter	, please call:			
Karla	a Lewis Green	407	259-6362		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section Division of Corporations			Registration Section		
			Division of Corporations		
	Clifton Building		P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314		
	Enclosed is a check for the following	g amount:			
	✓ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

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. N	ame of the limited liability company: Unique Rea	Ity Solu	ıtıc	ons LLC			
2. (a)	7628 Covedale Dr		(b)	1746 E Silv	ver Star Rd # 275		
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(υ,	Mailin	ing address of limited liability cor lote: MAY BE POST OFFICE B		
	Orlando, FL 32818			Ocoee, FL 3	34761	··· 	
					,		
	March 22, 2018		I	_180000746	515		
3.	Date of filing/registration in Florida	4.	-	Doo	cument number	·	
5. (a)	Robert Green						
(u)	Registered Agent and Registered Office shown on the records of 8816 Sky Vista Ct	Dept, of State:					
	Registered Office Address (MUST BE FLORIDA STREET						
					19 19		
	Orlando . F	L_32818	P818				
(b)	Robert Lee Green Jr				JUL 15 PH 6: 50		
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
					6: 50 LORIDA) 1	
	NEW Registered Office Address:				``````````````````````````````````````)	
	, F	L					
If the I	imited liability company is not organized under the la	asse of th	ne (State of Florida	a it is hereby confirmed the	it after	
the cha	singe or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited	of the reg	zisl	tered office and	d the business office of the	registered	
was/w	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the li	mi	ted liability cor	impany or as otherwise prov	rided in	
inc art.	AM			a Lewis Gree	•		
Signature of a member or authorized representative of a member			Printed or typed name of signee				
provisi the obl to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	gree to ac e perforr led for in l hereby	ct ma : C co	in this capacity nce of my dutie hapter 605, F.S nfirm that the L	y. I further agree to comply es, and I am familiar with a S. Or, if this document is h limited liability company ho	with the nd accept eing filed as been	
Signatu	re of Registered Agent						