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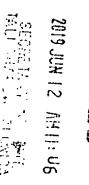
(Re	equestor's Name)				
(Ad	Idress)	- 			
(Address)					
(Cit	ty/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	rtified Copies Certificates of Status				
Special Instructions to Filing Officer:					

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Y SULKER JUN 2 4 2019

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Florida Short Sales 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:							
Elizabeth D. Marotte Name of Person							
Firm/Company							
Firm/Company							
220 W. Minne Solze Ave Address							
De Land FL 32720 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Person at (386) EUG-GOOG 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							

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

Floride					
1. Na	lame of the limited liability company: Florida S	<u>trurk</u>	Sules,	LLC	¥ 111 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
2. (a)	220 W Minnisoki Ave	(b) 22	20 W.M	unnesota	a Ave.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	ress of limited lia	
	DeVind FL 32720	,()	e land		32.72.0
			<u> </u>		
	6.27-18	L-10	2.000Z	205150)
3.	Date of filing/registration in Florida 4.		Documer	nt number	
5. (a)					
	Registered Agent and Registered Office shown on the records of the Flor	rida Dept. of	State:	t	
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	<u> </u>		25 H	2019
				ar S	
	Deland FL 3	2720	$\overline{}$		
		•		-	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	address:		7.818 7.72 km 1.71 km	
	2 - 1 123			; j., ' • • •	ת
	220 W. Minnesota Ave.				
	NEW Registered Office Address:				
	<u> </u>	-	_ _		
	Deland FL 3	272	()		
If the li	limited liability company is not organized under the laws of t	he State of	— Florida, it is	hereby confir	med that after
the cha	ange or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liability	gistered of	fice and the b	ousiness office	of the registered
was/we	rere authorized by an affirmative vote of the members of the ligites of organization or the operating agreement of the limite	imited liab	ility compan	y or as otherw	rise provided in
	2400 L Ductte	\sim	abillo i) 1) lan	Hi
_	ature of a member or authorized representative of a member			typed name of si	
r nerei provision the obli	Pby accept the appointment as registered agent and agree to a cions of all statutes relative to the proper and complete perfor ligations of my position as registered agent as provided for itself to the complete in the registered office address. I hereby	act in this c rmance of t n Chapter :	apacity. 1 Ju ny duties, an 605. F.S. Or	rther agree to d I am familia if this docum	comply with the r with and accept sent is being filed
to mere notifiéa	rely reflect a change in the registered office address. I hereby ed in writing of this change \	confirm th	at the limited	d liability com	pany has been
Signatur	ure, of Registered Agent				

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