48000240240

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
- Golh Staruck BAVE							
SUCHORIZA TON BY PHONE TO							
PARECT NEW RH							
DATE 11/15/18							
ET FYAN Will							

Office Use Only



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SECRETARY OF STATE
ANASSEE FLORIDA

BL. VORISEK NOV 15 2018

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJI	Discount Realty LLC						
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	nclosed Registered Agent/Registered Office Ch	nange and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this mat	ter to the	following:				
David	d Zachary Staruch						
	Name of Person		_				
Starre	e Group LLC						
	Firm/Company		_				
1775	1 Vaca Court						
_	Address		_				
Fort N	Myers, FL 33908						
	City/State and Zip Code		_				
zach	@staruch.net						
E	-mail address: (to be used for future annual re	port notif	ication)				
For fur	ther information concerning this matter, pleas	e call:					
David	d Zachary Staruch	239	312-0312				
	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	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314					
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				
INHS18	8 (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.

I. Na	ame of the limited liability company: Discount Rea	alty LLO	ე ————				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 17751 Vaca Court	(Mailing address of limite (Note: MAYBE POS	ed liability co:	mpany:	
	Fort Myers, FL 33908		Fort My	ers, FL 33908			
	10/10/2018		L180002	240240			
3.	Date of filing/registration in Florida	4.		Document number			
	Registered Agent and Registered Office shown on the records of David Z Staruch Registered Office Address (MUST BE FLORIDA STREET) 3030 North Rocky Point Drive, Suite 150A		_				
	Tampa	33607	7	_	1 ¥1		
(b)	STARRE GROUP LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:			CRETARY O	18 OCT 29 F		
	NEW Registered Office Address: 17751 Vaca Court		-	FLORIDA		PH 3: 02	Ċ
	Fort Myers	_33908	3	_			
the cha agent v was/we the arti Signa I here, provisi the obl to merc notified	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light of the members of authorized by an affirmative vote of the members of organization or the operating agreement of the ture of a member or authorized representative of a member of the appointment as registered agent and agricultures of all statutes relative to the proper and complete light of a member of my position as registered agent as provided by reflect a change in the registered office address, I at in writing of this change.	ws of the fithe reg ability cof the linited	e State of Flistered office company, it intended liability control Zacha	re and the business of is hereby confirmed ty company or as oth inpany. Ary Staruch Printed or typed name practice. I further our or the continuous cont	ffice of the that the charerwise pro	registe ange(s) vided i	ered) in
Signatu	re of Registered Agent						