

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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## 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	Tame of the limited liability company: Real Est	ate L	eads A	AI LLC			
2. (a)							
2. ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)				
	913 Beal Pkwy NW Suite A-1005			913 Beal Pkwy NW Suite A-1005			
	Fort Walton Beach FL 32547		Fort Wa	Iton Beach FL 32547			
	11/13/2018		L18000	263968			
3.	Date of filing/registration in Florida	_ 4.		Document number			
5. (a	BOYD, ERIC T						
J. (u	Registered Agent and Registered Office shown on the records of 1333 COLLEGE PKWY	- e: -					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	#1019			- 元 <b>元</b> 元			
	GULF BREEZE, FI	3256	3	A TI			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	LED MO					
	NEW Registered Office Address:			25 16 10 10			
	STE 300			_			
	St. Petersburg	3370	2	_			
the chagent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited by were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the reg iability o of the li	istered offic company, it mited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in			
	Morram John		Morgan Noble				
_	nature of a member or authorized representative of a member			Printed or typed name of signee			
provi the ol- to me	ehy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to a perfori ed for in hereby	ct in this cap nance of my Chapter 60 confirm that	vacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been			

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

Tom Glover - Assistant Secretary

Signature of Registered Agent