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(Requestor's Name)						
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COVER LETTER

TO: Registration Section Division of Corporations	
54 Realty LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Joseph LoCicero	
Name of Person	
54 Realty LLC	
Firm/Company	
16034 Snow Memorial Hwy	
Address	<u>.</u>
Brooksville FL 34601	
City/State and Zip Code	
joc@54realty.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Joseph LoCicero 8	841-8220
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	ıt:
■ \$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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Lutz FL 33549 Lu	1. Na	ame of the limited liability company: 54 Realty LLC							
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) Lutz FL 33549 Registered Agent and Registered Office shown on the records of the Florida Dept. of State: MGR Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1916 Highland Oak Blvd. Lutz , FL 33549 MGR NEW Registered Office Address: 1916 Highland Oak Blvd. Lutz , FL 33549 Lutz MGR NEW Registered Office Address: 1916 Highland Oak Blvd. Lutz , FL 33549 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. Joseph LoCicero	2 (a)	1916 Highland Oak Blvd.		(h)	1916 High	ıland Oak Blv	d.		
3. Date of filing/registration in Florida 4. Document number 5. (a) Richard Kestury Registered Agent and Registered Office shown on the records of the Florida Dept. of State: MGR Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1916 Highland Oak Blvd. Lutz , FL 33549 (b) Joseph LoCiccro Enter name of NEW Registered Agent and/or NEW Registered Office address: MGR NEW Registered Office Address: 1916 Highland Oak Blvd. Lutz , FL 33549 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. Joseph LoCiccro	2. (u)		`	(0)	ì	_		-	
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Signature of a member or authorized representative of a member Printed or typed name of signee	//	hna	Jos	seph	LoCicero				
	Signa	ture of a member or authorized representative of a member				Printed or typ	ed name of s	ignee	
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.	provisi the obl to mere	ons of all statútes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h	e to ac perforn I for in ereby c	et in nan Ch con,	this capa ce of my a apter 605, firm that t	acity. I furth duties, and I , F.S. Or, if the limited li	er agree to am familio this docur ability con	o comp ar with nent is npany	oly with the and accept being filed has been
Signature of Registered Agent	Signatu	re of Registered Agent							