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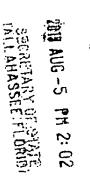
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

		COVE	R LETTER
	gistration Section rision of Corporations		
SUBJECT	Center Realty Solutions, LL	С	
non,me i		ne of Limite	d Liability Company
D 01	N 1 ?		
Dear Sir or	Madam:		Property of the second
The enclose	ed Registered Agent/Registered Off	fice Change	and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning th	is matter to	the following:
Brandon	Norman		
	Name of Person		
Center R	ealty Solutions, LLC		
-	Firm/Company		
400 se 3r	rd Ave Apt 108		
	Address		
Hallanda	le Beach, FL, 33009		
	City/State and Zip Code		
younghea	aven@icloud.com		
E-ma	I address: (to be used for future and	nual report n	notification)
For further	information concerning this matter	, please call	:
James No	orman	786	862-3719
	Name of Person	સા (Area Code & Daytime Telephone Number
ST	REET/COURIER ADDRESS:		MAILING ADDRESS:
			Registration Section
	vision of Corporations		Division of Corporations
•			P.O. Box 6327
			Tallahassee, Florida 32314
Ta	Hahassee, Florida 32301		
En	closed is a check for the following	g amount:	

☐ \$55 Filing Fee & Certified Copy

☑ \$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.

1. Na	me of the limited liability company: Center Realty	Soluti	ons, LLC		
2. (a)	2221 NE 164th St	• (400 SE	3rd Ave	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 312	_	Apt 108		
	North Miami Beach, FL 33160 06/24/2019		Hallandale Beach, FL 33009 L19000164430		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	James Norman				
	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of Stat	 lc:	
	400 SE 3rd Ave			_ 2	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Apt 108			AUG-5 PH	
	Hallandale Beach	33009		5	
(h)	Brandon Norman Enter name of NEW Registered Agent and/or NEW Registered (er Singe			
	NEW Registered Office Address:			_	
		•••		_	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg bility c f the lii	istered offic ompany, it nited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
		Ja	mes Norm	nan	
	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agre ions of all statutes 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 d'in writing of this change.	ve to ac perforn I for in vereby c	et in this cap nance of my Chapter 60 confirm that	pacity. 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

Signature of Registered Agent