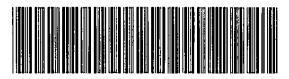
## 120000027292

(Requestor's Name)									
(Address)									
(Address)									
(12:32)									
(0) 10 1 7 10									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
Special monutations to 1 ming officer.									

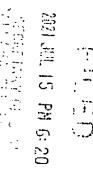




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07/15/21--01017--022 \*\*25.00

08/03/2021 HT



## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Expert Rea	.lty Solu	tic	ons, LLC
00001		lame of Limited	I Lia	iability Company
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered (	Office Change a	nd f	fee(s) are submitted for filing.
Please	return all correspondence concerning	; this matter to t	he f	following:
	Joel Parrott			
	Name of Person			
Ę	expert Realty Solut	-ions, LL	C	
	Firm/Company			<del></del>
c	101 Tower Drive, su	nite 310		
	Address			_
	Troy, MI 48098			
	City/State and Zip Cod	e		_
	joel@expertrealty so	slutions.	60	ou.
E	-mail address: (to be used for future	annual report no	otifie	ication)
For fur	ther information concerning this mat	ter, please call:		
	Joel Parrott	at ( 31	3	300-6469
	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
	Enclosed is a check for the follow   S≥5 Filing Fee	<del>-</del>	<b>\$</b> 5	Tallahassee, FL 32303  55 Filing Fee & Certified Copy

INHS18 (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.

1. N	Tame of the limited liability company:	-+	Rec	lty	Solut	-ions	,	-C		
2. (a)			(b)							
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	'	(0)	N	tailing addre					
	901 Tower Drive, suite 310			901	Tower	- Dri	ve, s	wite	310	0
	Troy, MI 48098	_		Tro	y, w=	48	098			
	1/21/2020			L 2	0000	027	7 2 9	2		
3.	Date of fiting/registration in Florida	4.			Document	number	г			
5. (a	, Legal Carp solutions, LLC									
J. (	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept.	of State	;					
				_						
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRE:	<u>SS)</u>							
	3440 W Hollywood Blud, suit	८ भा	5							
	Hollywood	3 :	3021	_			۹.	<u>بر</u>	i 1	
(b)	Karen Lewis - Belmore								= .	,
	Enter name of NEW Registered Agent and/or NEW Registered Office address:								- - -51	
									PH G:	; ; ; ,,
	NEW Registered Office Address:		<u>.</u>					•	ċ:	
	2549 Apple Blossom Lane							•	21	
	Wachula ,FL	3 3	8873	3			·			
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe bility of f the li	red off compar mited l	ice and ny, it is liability ty com	I the busin hereby co company	ess offic nfirmed or as ot	ce of th I that th therwis	e regi: ie chai	stered nge(s)	l )
Sign	ature of a member or authorized representative of a member				Printed or t	yped nam	e of sign	ee	_	
I here provis the ol to me notifie	eby accept the appointment as registered agent and agrassions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address. I held in writing of this change.	ee to ac perform l for in vereby	ct in th nance ( Chapt confirm	is capa of my d er 605, n that t	citv. I fur luties, and F.S. Or, he limited	ther agr Lam fai if this do liability	ree to co miliar v ocumen r compo	omply with a it is be iny ha	with nd acc eing fi is beer	the cept iled n
Signat	thre of Registered Agent	ل								

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