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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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LLC REGISTERED AGENT CHANGE REALTY INVESTMENT SOLUTIONS LLC

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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.

l. Na	nne of the limited liability company: Realty	Investme	nt Solutions LLC	
2. (a)	3312 W WYOMING CIR	_(b) 33	(b) 3312 W WYOMING CIR	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TAMPA, FL 33611	T <i>A</i>	AMPA, FL 33611	
	02/10/2020	L20	0000047154	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	PELLEGRINO, LOUIS J, DR.			
, (α)	Registered Agent and Registered Office shown on the records	of the Florida Dept	. of State:	
	3312 W WYOMING CIR			
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)		
			<u></u>	
	TAMPA	_{FL} 33611	٠. ٢	
		ri, <u></u>	LL JU2	
(b)	Registered Agents Inc.		<u> </u>	
,	Enter name of NEW Registered Agent and/or NEW Register	red Office address		
	7901 4th St N		PA 12: 55	
	NEW Registered Office Address:			
	STE 300			
	312 300			
	St. Petersburg	_{FL} 33702		
the cha agent v was/w	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the registered I liability compa rs of the limited	d office and the business office of the registere my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.	
Signa	Signature of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obi to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address dim writing of this change. Bill Havre - Assistance of Registered Agent	agree to act in the ete performance ided for in Chap i, I hereby confir tant Secretary	of my duties, and I am familiar with and acception of this document is being filed in that the limited liability company has been	