L20000 115367

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PICK-UP WAIT MAIL				
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COVER LETTER

TO:

NHS18 (2/14)

TO:	Registration Section Division of Corporations		· ·		
SUBJI	RealER LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for filing.		
Please	return all correspondence concerning th	nis matter to the	following:		
Michae	el E Edwards				
	Name of Person				
RealEF	LLC				
	Firm/Company				
100 S E	Eola Dr., Unit 610				
	Address				
Orland	o, Florida, 32801				
•••	City/State and Zip Code	<u></u>			
E	-mail address: (to be used for future an	nual report noti	fication)		
For fur	ther information concerning this matter	, please call:			
Michae	1 E Edwards	602 at (748-9831		
	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	g amount:			
□ \$25 Filing Fee			655 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.

I. Na	mme of the limited liability company: RealER LL		
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	(b) _	P.O. Box 1248, Orlando, Florida 32802 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	April 28, 2020 Date of filing/registration in Florida		20000115367 Document number
5. (a)	Anna Edwards Registered Agent and Registered Office shown on the reco	pt. of State:	
	Orlando	, FL 32806	F L 2021 SEP 10
(b)	Anna Edwards Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u> 100 S Eola Dr., Unit 610 <u>NEW</u> Registered Office Address:	AMID: 45	
	Orlando	FL 32801	
change agent v was/we the acti	imited liability company is not organized under to or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memories of organization or the operating agreement of the operating agreement of a member or authorized representative of a member	of the registered of ted liability comp bers of the limited of the limited liab	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
provisi the obl to merc notified	by accept the appointment as registered agent an ons of all statutes relative to the proper and comigations of my position as registered agent as property reflect a change in the registered office address in writing of this change.	nlete pertormanc	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
-	Division of Corporations • 1	P.O. Box 6327 • 1 NG FEE: \$25.00	Γallahassee, FL 32314