(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificate	es of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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JOENNAS OCT 12 2022

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBIE	CCT: 1865 REALTY GROUP LLC				
SUBSE	Name of Limited Liability Company				
Dear S	ir or Madanı:				
The en	closed Registered Agent/Registered Office Chan	ge aı	and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter	to th	he following:		
Meliss	sa Jones				
	Name of Person				
ZenBus	siness Inc.				
	Firm/Company				
336 E.	College Ave. Suite 301				
	Address				
Tallaha	ssee, FL 32301				
	City/State and Zip Code				
ra@zen	ibusiness com				
E	-mail address: (to be used for future annual repo	rt no	ptification)		
For fur	ther information concerning this matter, please o	all:			
Melis	ssa Jones 8	44	493-6249)		
	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 amount:					
	□ \$25 Filing Fee	۵	\$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 :	ame of the limited liability company: 1865 F	REALTY	GROU	P LLC
2. (a)	1717 ORANGE AVENUE		ь 1717 (ORANGE AVENUE
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		·,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#4207		#4207	,
	FORT PIERCE, FL 34950		FORT	PIERCE, FL 34950
	06/22/2020		L20000	0174089
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agents Inc.			
J. (A)	Registered Agent and Registered Office shown on the recor	rds of the Florid	a Dept. of State	: !
	7901 4th St N			
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRES	<u>2</u> 1	
	STE 300			
	St. Petersburg	_,FL_33702		
(b)	ZenBusiness Inc			
(0)	Enter name of NEW Registered Agent and/or NEW Regis	stered Office a	ddress:	
	336 E. College Ave.			
	NEW Registered Office Address:			•
	Suite 301		· · · · · · · · · · · · · · · · · · ·	
	Tallahassee	_, FL		
change agent was/w	limited liability company is not organized under the or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement o	of the register ed liability copers of the lin	ed office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	/DARRELL GIBSON	D/	ARRELL (
-	ture of a member or authorized representative of a member			Printed or typed name of signee
I here	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp lightions of my position as registered agent as pro	d agree to ac plete perform	t in this capa ance of my d	city. I further agree to comply with the luties, and I am familiar with and accept E.S. Or, if this document is being filed.

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.

Signature of Registered Agent