Florida Department of State Division of Corporation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

e S $\ddot{\circ}$

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

: (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE REAL-PRO REALTY SERVICES LLC

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SEP 20 2022 **Countible**y

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	ime of the limited liability company: REAL-PRO F	REALTY SE	RVICES LLC				
2. (a)	6742 Forest Hill Blvd #126	(b) 6742 Forest Hill Blvd #126 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)						
	Greenacres FL, 33413	Gree	enacres FL, 33413	}			
	03/25/21	- — L21(000141070				
3.	Date of filing/registration in Florida	4.	Document numbe	г			
.	NORTHWEST REGISTERED AGENT LLC						
5. (a)	Registered Agent and Registered Office shown on the records of th	ne Florida Dept. of	State:				
	7901 4TH ST N STE 300						
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)					
		33702					
(b)	Melissa Depestre	200		圣经	2022		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	omice address:		至器	022 SEP 19	7	
	6742 Forest Hill Blvd #126			SS			
	NEW Registered Office Address:					ESS S	
	Greenacres	33413		ENAIL FORMATI FORMATION IN THE PROPERTY OF THE	PM 12: 20	c	
	, FL	00410					
the cha agent v was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered of bility company f the limited lia	office and the business r, it is hereby confirmed ability company or as o	office o d that th	of the re ie chan	egistered ige(s)	
		Margare					
	nture of a member or authorized representative of a member		Printed or typed nam	•			
provis the ob- to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided selv reflect a change in the registered office address, I h d in writing of this change.	ee to act in this verformance of I for in Chapter ereby confirm	capacity. I further ag f my duties, and I am for r 605, F.S. Or, if this a that the limited liabilit	ree to co imiliar v locumen y compo	omply with ai it is be iny ha.	with the id accept ing filed s been	
	Melissa Depestre						
Signati	are of Registered Agent						