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ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Greg & Sandra Re Name of Limited	Lad Estate LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
rease return air correspondence concerning this matter to the	c ronowing.	
Vonne Sonchez Name of Person		
Firm/Company		
9921 Atlantic Blud Address	 -	
Jacksonville, FL 33225 City/State and Zip Code		
E-mail address: (to be used for future annual report noti	ification)	
For further information concerning this matter, please call:		
Yvenne Sanchez at (904) Name of Person) <u> </u>	
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 □ \$	\$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.

	s the following statement in order to change its registered office of registered agent, or both, in the state of Florida.
l. Na	me of the limited liability company: Greg & Sandra Real Estate 1
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SSSI Andaloma Street Jacksonville, FL 32211 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 8551 Andaloma Street Jacksonville, FL 32211
3.	Date of filing/registration in Florida Laco 280 (48) Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Khadijeh Hemmati/Zenbusiness Inc. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 336 E. College Ave Ste 301 Tallahassee FL 32301 Finter name of NEW Registered Agent and/or NEW Registered Office address: Vonne Sanchez
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Vonne Sanchez NEW Registered Office Address: 9991 Atlantic Blvd Jacksonville FL 30005
change agent w was/we the arti- Signat	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. Creson Hernardez Tr.
I herel provisit the obli to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed left reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change.

Signature of Registered Agent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00