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(((H110002163073)))



H110002163073ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

AND THE PROPERTY OF THE PARTY O

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-536B

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

Address:				
	Address:	Address:	Address:	Address:

## LLC REGISTERED AGENT CHANGE REALMANAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP -1 2011 **EXAMINER** 

## COVER LETTER

TO: Registration Section		
Division of Corporations		
DEALMANAGE ILC		
SUBJECT: REALMANAGE, LLC	24-112-110-0	
Name of Lim	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fec(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Emil Tempongko		
Name of Person		
CT Corporation		
Firm/Company	<del> </del>	
350 N. St. Paul, Suite 2900		
Address		
Dellas, TX 75201		
City/State and Zip Code	<del></del>	
emil.tempongko@wolterskluwer.com		
E-mail address: (to be used for future annual report notifi	cation)	
For further information concerning this matter,	pleaso call:	
Emil Tempongko	932-3681	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following a	mount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: REALMANAGE,		
2. (a) Principal office address of limited liability company	16200 ADDISON R	D., STE. 150
(Note: MUST BE STREET ADDRESS)	ADDISON TX 75001	
(b) Mailing address of limited liability company:	PO BOX 803555	
(Note: MAY BE POST OFFICE BOX)	DALLAS TX 75380	12 SEC. 18
02/12/2007	M07000000814	3)
3. Date of filing/registration in Florida	4. Document number	550
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida	Dept. of State:
Registered Agent:	MYERS, WADE	ORTE
Registered Office Address:	4902 EISENHOWER BLVD.	
rogistorou ornoc Auduoss.	SUITE 216 TAMPA FL 33634	
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office add	ress:
	V Registered Office add	ress:
NEW Registered Agent:		
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	C T Corporation System  1200 South Pine Island Road  Plantation	,FL_33324
NEW Registered Agent:  NEW Registered Office Address:	C T Corporation System  1200 South Pine Island Road  Plantation  aws of the State of Florid orida street address of the case of a laws/were authorized by	"FL 33324 a, it is hereby c registered office Florida limited an affirmative vote
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Mana Lauta  Signature of a member or pathorized representative of a member	C T Corporation System  1200 South Pine Island Road  Plantation  aws of the State of Florid orida street address of the case of a laws/were authorized by	"FL 33324 a, it is hereby c registered office Florida limited an affirmative vote
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  If the limited liability company is not organized under the longitude that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  MALL LAUTA  Signature of a member or pathorized representative of a member	CT Corporation System  1200 South Pine Island Road  Plantation  aws of the State of Florid orida street address of the ical. Or, in the case of a laws were authorized by wise provided in the artic.	"FL 33324 a, it is hereby c registered office Florida limited an affirmative vote les of organization

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00