

M 07 000000 4689

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

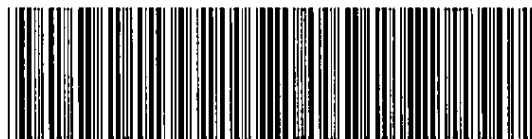
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECTION OF STATE  
TALLAHASSEE, FLORIDA

2023 NOV 17 PM 3:43

RECEIVED

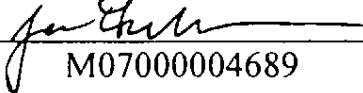
*(Handwritten signature)*

FLORIDA CAPITAL COURIER SERVICES, INC.  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Anywhere Real Estate Operations LLC  
BUSINESS (Name)

  
M07000004689  
Document #

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copy

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

**AMMENDMENTS**

  X   Amendment

\_\_\_ Resignation

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ **Conversion**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_

Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANY where REAL Estate operations LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard  
Name of Person

Any where Real Estate operations, LLC  
Firm/Company

175 Park Avenue  
Address

Madison NJ 07940  
City/State and Zip Code

Mike Pollard 30309 mail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 3769763  
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    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ANY where ReAL Estate oPerations LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

4830 ALP Ave #2065  
Las Vegas NV 89115

2. The Florida document number of this limited liability company is: MO7000004689

3. Jurisdiction of its organization: CALifornia

4. Date authorized to do business in Florida: 08-03-2007

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Member	ANYWHERE Real Estate Services group LLC	<del>175 PARK Avenue</del> 175 PARK Avenue Madison, NJ 07940	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<del>P</del>	Michael Pollard	175 Park Avenue Madison NJ 07940	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgm	Michael Pollard	7312 W Cheyenne Ave Suite 7, Las Vegas NV 89129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Dt	Michael Pollard	SAHARA 8290 west <del>SAHARA</del> Ave Las Vegas NV 89117	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
member	Michael Pollard	2 N Seawall Point Road, Stuart FL 34996	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Michl R. PresDnt/owner  
Signature of the authorized representative

Michael Pollard, PresDnt/owner  
Typed or printed name of signee

Filing Fee: \$25.00