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(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:	7

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B. BOSTICK
FEB 1'8 2011
EXAMINER

COVER LETTER

TO:	Registration Division of	Section Corporations						
SUBJ	ECT:	REALTY SOLUTIONS GUL	F COAST, LLC			_		
		Name of Foreig	gn Limited Liabili	ty Compa	any			
Dear	Sir or Madam:							
The e	nclosed applic	ation, certificate and fee(s)	are submitted for	filing.				
Please	e return all cor	respondence concerning th	is matter to the fo	llowing:				
	J. RANDLE M	McKINNEY						
		Name of Person			•			
	REALTY EXEC	Firm/Company						
		Time Company			•			
	P.O. BOX 45	549						
		Address				7.		•
						É	=======================================	t 'a
	GULF SHORES	S, AL 36547	 			HATE A	93	-
•		City/State and Zip Cod	le			SSE SSE	9	17 - Land
	randym@gul:	ftel.com			•			2 E
E-1	mail address: (to be used for future annua	l report notification	on)		STATE LORID	MH: 2	٠
						TE A	22	
For fi	urther informa	tion concerning this matter	, please call:					
- 3	RANDY McKI	NNEY	_ at (<u>251</u>)	968-430	00			
	Nan	ne of Person	Area Code &	& Daytim	e Telephone Numbe	r		
		•		•	•			
	STREET/C Registration	COURIER ADDRESS:	•		NG ADDRESS: ation Section			
÷·=	Division of	Corporations	<u>.</u>	Division	n of Corporations		•	
	Clifton Buil	lding tive Center Circle		P.O. Bo	ox 6327 ssee, Florida 32314			
		Florida 32301	•	1 allalla	ssee, I fortua 32314			
Encl	osed is a checl	k for the following amour	nt:					
	5 Filing Fee	\$30 Filing Fee &	□\$55 Filing		\$60 Filing Fee,			
		Certificate of Status	Certified C	ору	Certificate of St Certified Copy	atus &		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: REALTY SOLUTIONS GULF COAST, LLC		
2.	Jurisdiction of its organization: ALABAMA MINOCOCOCT	79	
	r.		
٤.	Date authorized to do business in Florida:		
	SECTION II (4-7 complete only the applicable changes)		
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?		
5.	New name of the limited liability company: REALTY EXECUTIVES GULF COAST, LLC		
	(must end with "Limited Liability Company," "L.L.C.," or "LLC.")		
Floring the or	If the amendment changes the period of duration, indicate new period of duration:	部川:2	
	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	o e	
_ 9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdi under the law of which this entity is organized. Signature of a member or the authorized representative of a member	- · ·	
	J. RANDLE McKINNEY Typed or printed name of signee		
	Types of printed name of signed		

Filing Fee: \$25.00

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

Members of REALTY SOLUTIONS, LLC (Name of Limited Liability Company)	
limited liability company duly organized and existing under the la	ws of
ALABAMA	
(State or Country of Organization)	
Because the name of this foreign limited liability company does not	t satisfy the
equirements of the s. 608.406, F.S., the limited liability company h	ereby adopts the
ollowing name to transact business in the state of Florida:	
onowing name to transact business in the state of Florida.	
REALTY EXECUTIVES GULF COAST, LLC Name to be used by limited liability company in Florida. NOTE: Name must end with L Company, L.L.C., or LLC.)	imited Liability
company, E.E.C., or ELC.)	
Date:02/14/2011	SE TAL
Date:02/14/2011	II FEI SEORE TALLAH
Date: Date: Signature(s) of Manager(s) and/or Managing Member(s):	SEORETAR FALLAHASS
Date:02/14/2011	SECRETARY OF TALLAHASSEF.
Date: Date: Signature(s) of Manager(s) and/or Managing Member(s):	SECRETARY OF STALLAHASSEE, FLOT
Date: Date: Signature(s) of Manager(s) and/or Managing Member(s):	
Date: Date: Signature(s) of Manager(s) and/or Managing Member(s):	STATE LORIE
Date: Date: Signature(s) of Manager(s) and/or Managing Member(s):	STATE LORIE
Date: Date: Signature(s) of Manager(s) and/or Managing Member(s):	STATE LORIE
Date: Date: Signature(s) of Manager(s) and/or Managing Member(s):	STATE LORIE