

# M 14000005964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

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21 AUG 21 AM 8:15



RECEIVED

2021 AUG 20 PM 3:24

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2021

DAX WATSON  
8360 E. RAINTREE DRIVE STE 120  
SCOTTSDALE, AZ 85260

SUBJECT: MY HOME GROUP REAL ESTATE, LLC  
Ref. Number: M14000005964

We have received your document for MY HOME GROUP REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 921A00011950

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** My Home Group Real Estate 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:

Dax Watson

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Name of Person

My Home Group Real Estate LLC

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Firm/Company

8360 E. Raintree Drive, Suite 120

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Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dax Watson at (480) 452-9875

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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**

21 AUG 20 11 8:46

**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: My Home Group Real Estate 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)

2. The Florida document number of this limited liability company is: M14000005964

3. Jurisdiction of its organization: Arizona

4. Date authorized to do business in Florida: 8-19-2014

**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

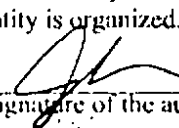
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

21 AUG 20 AM 8:46

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Authorized Representative</u>	<u>Milan Brkic</u>	<u>7801 N. Federal Hwy</u>	<input checked="" type="checkbox"/> Add
		<u>Boca Raton, FL., 33487</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Gary Tedesco</u>	<u>8360 E. Raintree Dr., Suite 210</u>	<input type="checkbox"/> Add
		<u>Scottsdale, Az., 85260</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Jason Mitchell</u>	<u>8360 E. Raintree Dr., Suite 210</u>	<input type="checkbox"/> Add
		<u>Scottsdale, Az., 85260</u>	<input checked="" type="checkbox"/> Remove
<u>Authorized Representative</u>	<u>Stephen Manton</u>	<u>22585 Esplanada Drive</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33433</u>	<input checked="" type="checkbox"/> Remove
			<input 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.

  
\_\_\_\_\_  
Signature of the authorized representative

Jerome Kleven (Manager)

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00