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SECRETARY OF STATE A

T. HAMPTOR,

COVER LETTER

INHS18 (2/14)

TO: Registration Section , . Division of Corporations	
SUBJECT: J & M Eldred Realty, LLC	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Timothy J. Horne	
Name of Person	
Law Offices of Timothy J. Horne, Inc.	
Firm/Company	
4303 Talmadge Road, Suite 102	
Address	
Toledo, OH 43623	
City/State and Zip Code	
tim@timhornelaw.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Timothy J. Horne	419 474-8377
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am-	ount:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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.

a) .	6950 Hall Street, Holland, OH 43528		_{ъ)} Р. О. В	ox 820, Holland, OH 43528	
⊶ / .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	03/09/2015	— — 4.	M150000	002218 Document number	
	Date of filing/registration in Florida Peter Uliano	'1 .		Document number	
a)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of Sta	te:	
	10428 Spoonbill Road W			As to	
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRES	<u>SS)</u>	TECRETA TA	
	Bradenton	FL 3420	9	HASSEE HASSEE	
b) .	Dwayne E. Robinson Enter name of NEW Registered Agent and/or NEW Registered Office address:			AM 10: 36 SEE, FLORIB	
	2208 Sunnyside Place				
	NEW Registered Office Address:			_	
	Sarasota	FL 3423	9	<u>.</u>	
cha it w /we	mited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the str	of the regal liability of the linited the limited	gistered office company, it mited liabili I liability co	ce and the business office of the regist is hereby confirmed that the change(s ity company or as otherwise provided mpany.	
_		1 1	mothy J. F	-orne	

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.

Signature of Registered Agent