## 1500000531

(	Requestor's Name)
(	Address)
(	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
(	Document Number)
tified Copies	Certificates of Status
pecial Instructions	to Filing Officer:
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	Office Use Only



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More and

## COVER LETTER .

TO: Registration Division of	Section Corporations				
SUBJECT:	Real Broke	er, LLC.			
	Name of Foreig	gn Limited L	iability Cor	mpany	
Dear Sir or Madam:					
The enclosed applie	ation, certificate and fee(s)	are submitt	ed for filing	<u>,</u>	
Please return all cor	respondence concerning th	is matter to	the followir	ng:	
	Kevin A. Tison				
	Name of Person		<del></del>		
	Real Broker, LLC.				
	Firm/Company				
	1996 Crossroads Blvd				
	Address				
1	Winter Haven, Florida - 33881				
	City/State and Zip Cod	e			
	Support@JoinReal.com				
E-mail address: (1	o be used for future annua	l report noti	fication)		
For further informat	ion concerning this matter,	, please call:			
Kevin A. Tison		863 at (	206-5	755	
Nan	ne of Person	\	ode & Dayt	ime Telephone Number	
Mailing Address: Registration Section Division of Corporations			Registr Divisio	Street Address: Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	a check for the following				
■\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Fil Certific	ing Fee & ed Copy	S60 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:	Real Broker, LLC
	27 W. 24th Street Suite 407
(Principal office address MUST BE A STREET ADDRESS)	
-	New York, NY 10010
	2070 NDY
(Maillion address	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	1 ————————————————————————————————————
-	oility company is: M15000005315
2. The Florida document number of this limited liab	oility company is:
	<del></del>
	7/7/2015
4. Date authorized to do business in Florida:	// // 2015
SECTION II (5-9 complete only the applicable cl	hanges)
5. New name of the limited liability company:	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(must	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name "or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ade	d officer address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida City Zip Code
	City Zip Code
the provisions of all statutes relative to the proper a and accept the obligations of my position as registe.	t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited

itle/ Capacity	Name	<u>Address</u>	Type of Actio
MGR	Kevin A. Tison	1996 Crossroads Blvd	<b>=</b> Add
		Winter Haven, Florida - 33881	□Remo
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aforementioned	ler the law of which this entity is organ	the official having custody of records in the nized.	⊡Reme
	/ Signature of	the authorized representative	

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

Filing Fee: \$25.00