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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>MRH Real Estate</u>	Entorphisos	LIC ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered O	ffice Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning t	this matter to the f	ollowing:
A	Name of Person		_
<u> </u>	# Red Estato Extorpa	ies IIC	_
42	31 D.W. 1st Drivo		_
Dec	Erficial Brook / FL/ City/State and Zip Code		_
<u> </u>	H42 roal Estate (2) amail address: (to be used for Nuture and	1 - COM nnual report notifie	cation)
For fur	rther information concerning this matte	er, please call:	
	Alex Maia Santas Name of Person	at (_ 1 20) 289 - 4264 Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations The Centre of Tallahassee
	P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	ng amount:	
	☎ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy

INHS18 (2/14)

'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.

2. (a) ₋	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Alex Sartas Registered Agent and Registered Office shown on the records of the Florida Dept. of 4231 A. W. 1st Drivo Dearlield Book F Registered Office Address (MUST BE FLORIDA STREET ADDRESS) F1.	
(b)	Houpwar R. Huno Enter name of NEW Registered Agent and/or NEW Registered Office address: 4231 0. U 1St Drivo NEW Registered Office Address:	26 PH 12: 00 ARY OF STATE THASSEE, FL
change	mited liability company is not organized under the laws of the State of changes are made, the Florida street address of the registered office.	e and the business office of the registered
agent was/we the arti	will be identical. Or, in the case of a Florida limited liability company, are authorized by an affirmative vote of the members of the limited liability cless of organization or the operating a speciment of the limited liability.	it is hereby confirmed that the change(s) bility company or as otherwise provided in
provisi the obl to merc	by accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapter by raffect a change by the registered office address. I hereby confirm this willing of this change.	my duties, and Lam familiar with and accept 605, F.S. Or, if this document is being filed

FILING FEE: \$25.00