Florida Department of State 382 Division of Corporations Electronic Fifthy Cover Sheet

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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			

DELRAY REAL ESTATE, LLC

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Corporate Filing Menu

Help

COVER LETTER

-	istration Section: sion of Corporations						
SUBJECT:	Delray Real Estate, LLC						
oobvii.	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.				
Please return	all correspondence concerning	g this matter to the	following:				
Lori Whalen							
	Name of Person						
Registered A	gent Solutions, Inc.						
·	Firm/Company						
Corporate Ce	nter One, 5301 Southwest Pkwy,	Stc 400					
	Address						
Austin, TX 78	8735						
	City/State and Zip Co	de					
E-mail	address: (to be used for future	annual report notif	ication)				
For further in	nformation concerning this ma	tter, please call:					
Lori Whalen		888 at (705-7274				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Divi P.O.	ling Address: istration Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	losed is a check for the follow	ving amount:					
□ s 2	25 Filing Fee	□ \$:	55 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.

1. N	ame of the limited liability company: Delray Real Esta	ate, Ll	.C				
2. (a)	1416 CLARKVIEW ROAD		(b)_	1416 CLA	RKVIEW	ROAD	
- . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(/_				I liability company:
	BALTIMORE, MD 21209	_	- (BALTIMOF	RE, MD 2	1209	
	9/16/2015		M [.]	150000073	382		
3.	Date of filing/registration in Florida	4.		Γ	Ocument	number	
5. (a)	TRAC - THE REGISTERED AGENY COMPANY						
5. (a)	Registered Agent and Registered Office shown on the records of t	he Flor	ida De	pt. of State;			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>(SS)</u>				2
	TALLAHASSEE, FL	3230	3			•	OZ3 DEC
(b)	Registered Agent Solutions, Inc.					•	0-6 EEE
	Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>addre</u>	<u>ss</u> :			PH
	2894 Remington Green Ln.	_				•	2: 5
	NEW Registered Office Address:						
	Ste. A						
	Tallahassee, FL	32308	3				
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registe bility f the li	ered o comp imited	office and t any, it is h I liability of	the busing nereby co- company	ess office of nfirmed th	of the registered at the change(s)
/s ^t	Jaclyn Wright	Ja	aclyn	Wright		Author	ized Person
	nure of a member or authorized representative of a member	_		I	rinted or ty	rped name of	f signee
provisi the obi to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	rertori	manc	e of mŷ du	ties and	Lam famil	liar with and accept
Signan	Mackenzie Hibler, Asst. Secret	ary					
DIRMAN	ac of icegorated Official						