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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STINSON Nam	REALTY LLC re of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
SON NGUYEN Name of Person	
STINSON REALTY Firm/Company	LLC
17645 LOS JARDINES L	WEST
FOUNTAIN VALLEY, CA 9: City/State and Zip Code	2708
Sonnguyen 1055 @ gmai E-mail address: (to be used for future ann	
For further information concerning this matter,	please call:
SON NGUYEN	at (714) 261 - 4186
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	amount:
S25 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

CTAICAAI	DEALTY 110
Name of the limited liability company:STINSON	
2. (a) 17645 LOS TARDINES WEST (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	17645 LOS JARDINES WEST Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
FOUNTAIN VALLEY, CA 92708	FOUNTAIN VALLEY, CA 92708
DECEMBER 22, 7015 3. Date of filing/registration in Florida 4.	M150000 1 0 2 5 9 Document number
5. (a) NORTHWEST REGISTERED AGENT, Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2 150A
TAMPA .FL 336	07
(b) TOAN PHAM Enter name of NEW Registered Agent and/or NEW Registered Office add	
NEW Registered Office Address:	AKE DR
BOCA RATON FL 334	98
If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the regist agent will be identical. Or, in the case of a Florida limited liability cowas/were authorized by an affirmative vote of the members of the limit the articles of organization or the operating agreement of the limited li	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signature of a member or authorized representative of a member	SON NEUYEN Printed or typed name of signee
Signature of a member or alith@zed representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performathe obligations of my position as registered agent as provided for in C to merely reflect a citange in the properties address. I hereby conotified in writing of this change.	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
Signature of Registered Agent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00