M16000000227

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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K. SALY AUG 23 2017



105 Marmont Ct Belleville, IL 62221 618-709-0909



720 S Atlantic Ave Ormond Beach, FL 32176 386-227-7797

Please make the following mailing address change.

Palm Tree Realty Florida, LLC

Debbie Cerkoski

Document #: M16000000227

Old Address: 2723 Keebler Rd, Maryville, IL 62062

New Address: 105 Marmont Ct, Belleville, IL 62221

Email: <u>Debbie@PalmTreeRealty.biz</u>

Please see the attached change of registered agent. I am including a check for \$55.

Please let me know if you need any other info.

ebbie (s. kochi)

Thank you!

Debbie Cerkoski

Owner, Managing Broker

Palm Tree Realty, LLC

618-709-0909

Debbie@PalmTreeRealty.biz

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	Palm Tree Realty Florida, L	LC						
	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The en	nclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the	following:					
Debt	oie Cerkoski							
	Name of Person							
Palm	Tree Realty Florida, LLC							
-	Firm/Company							
105 I	Marmont Ct							
	Address							
Belle	ville, IL 62221							
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·						
debb	ie@palmtreerealty.biz							
	E-mail address: (to be used for future au	wal report notif	ication)					
For fu	rther information concerning this matter	, please call:						
		618 at (709-0909					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:		AILING ADDRESS:					
Registration Section			Registration Section					
Division of Corporations			Division of Corporations					
Clifton Building			P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301	1 &	llahassec, Florida 32314					
	Enclosed is a check for the following amount:							
	□ \$25 Filing Fee	⊠ \$5	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.

l. N	ame of the limited liability company:	Realty F	lorida, LL	<u>C</u>	_
• • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO	any:
	105 Marmont Ct		105 M a	armont Ct	
	Belleville, IL 62221		Bellevil	lle, IL 62221	
	01/08/2016		M16000	000227	
	Date of filing/registration in Florida	— 4.		Document number	
(a)					
(-)	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept. of Sta	nte:	
	Sunday Sharpe				
	Registered Office Address MUST BE FLORIDA STREE	TADDRE	<u>\$\$5)</u>	70	
	424 N Grandview Ave, Apt 120				
	Daytona Beach	. 3211	<u> </u>	- E	_
		L		- 21	<u> </u>
(b)				55 CT	,
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	dáres:		K -
	Kimberly Fruda			2017 AUG 21 ATT IN STAFF	5
	NEW Registered Office Address:		<u>-</u>	V	
	2901 N Halifax, Unit 104			_	
	Daytona Beach,	_{1.} 32118	В		
cha entu s/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members	aws of the find the replication of the line in the lin	ne State of Figistered office company, it	lorida, it is hereby confirmed that ce and the business office of the re is hereby confirmed that the chang ity company or as otherwise provide	gister re(s)
affi	cles of organization or the operating agreement of the	e limited	l liability con	mpany.	
المستون	ture of a member or authorized representative of a member	D(ebbie Cerk		
herei ovisi e obl mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing ations of my position as registered agent as provide ly reflect a change in the registered office address, and in writing of this change.	gree to a le perform led for in l hereby	ct in this cap mance of my Chapter 60, confirm that	Printed of typed name of signed pacity. I further agree to comply we duties, and I am familiar with an 15. F.S. Or, if this document is being the limited liability company has	vith th d acco ng file been
Signaru	ro of Registered Agent				

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