MILOCOCO 71652

(Re	equestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



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S. WARREN OCT 0 9 2017

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TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Friday, September 22, 2017

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

For INSTANT REAL ESTATE SOLUTIONS, LLC

We have included payment in the amount of \$55.00 for the following fees:

- Change of Registered Agent
- Certified Copy

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: INSTANT REAL ESTATE SOLUTIONS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Troy Holds WIST + LA
Name of Person

Instant Real Estate Solutions, LLC Firm/Company

6720 NW 28th Way

Fort Lander dale, FL 33309
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

Troy Holdsworth at (954) 210 - 2971

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:

☐ \$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. Na	me of the limited liability compar	y: INSTANT RE	AL ESTA	TE SOLUTIONS	S, LLC
2. (a)	· · · · · · · · · · · · · · · · · · ·		(b)		
	Principal office address of limite		,	Mailing address of limited li	
	(Note: MUST BE STREE	000	h	(Note: MAY BE POST C	OFFICE BOX)
	1.6720 h	1W 20-4	My 612	-0 NW 281	- Way
	Fort Lauderdale	F137309	For	r Landerdale	FL 3330
	9/26/2016		W	600000765	2
3.	Date of filing/registratio	n in Florida	4.	Document number	
5. (a)					
(4)	Registered Agent and Registered Office	shown on the records of the	Florida Dept. of St	ate:	
	BUSINESS FILINGS INC	CORPORATED			
	Registered Office Address (MUST B	E FLORIDA STREET ADI	ORESS)	<u> </u>	
	1200 SOUTH PINE ISLAND) ROAD			
		·		_	300 =
	PLANTATION	, FL_33	3324		
(1.)	Registered Agents Inc	.			題級コート
(b)	Enter name of NEW Registered Agent		îce address:		第一 图
	3030 N. Rocky Poin	t Dr.			2: 94 STATE FLORIE
	NEW Registered Office Address:				
	STE 150A				3.5
	<u></u>			-	
	Tampa	33	3607		
	<u> </u>	, 1.1,			
If the h	imited liability company is not org inge or changes are made, the Flor	anized under the laws of	of the State of F	lorida, it is hereby confi	rmed that after
agent v	vill be identical. Or, in the case of	la Florida limited liabil	ity company, it	is hereby confirmed that	the change(s)
was/we	ere authorized by an affirmative vo cles of organization or the operati	ote of the members of th	e limited liabil	ity company or as otherw	vise provided in
Lo	y Holelsweich ure of a member or authorized representa		Troy Ho	Printed or typed name of s	
Signal	ure of a member or authorized representa	ive of a member	107 7.0	Printed or typed name of sa	ignee
provisi the obl to mere notified	w accept the appointment as regis ons of all statutes relative to the p igations of my position as register by reflect a change in the register t in griting of this change.	roper and complete per ed agent as provided fö ed office adäress, I here	formance of my or in Chapter 60 thy confirm tha	pacity. I further agree to a duties, and I am Jamilie 15, F.S. Or, if this docum t the limited liability con	o comply with the ir with and accept went is being filed apany has been
0	Bill Havi	re - Assistant S	ecretary		

Signature of Registered Agent