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LLC REGISTERED AGENT CHANGE RURAL KING REALTY, LLC

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T. CLINE AUG 29 コンド EXAMINER

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.

	Principal office address of limited liability company: (Note: MUSTBESTREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	2040 King Air Court	42161)	ewitt Ave
	Port Orange, F4, 32128		son, II 61933
	8/14/2017		M17000006964
	Date of tiling/registration in Florida	4.	Document number
5. (a)	Corporation Service Company Registered Agent and Registered Office shown on the records of	of the Florida Dept.	, of State:
	Registered Office Address		
	<u>Tallahassee</u> , F	1. <u>32301-2525</u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registers	1003	
	Enter name of NEW Registered Agent and/or NEW Registers	d Office address.	A STATE OF THE STA
	C T Corporation System		*
	C T Corporation System NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , F	L. 33324	
ne cha gent v as/wo ne arti	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the land.	of the registered ability compan of the limited l the limited liability	foffice and the business office of the registe by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	attle / 1864	Profile & Save fear	Printed or typed name of signee
	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing ations of my position as registered agent as providely reflect a change in the registered office address, I	gree to act in th	is capacity. I further agree to comply with to of my duties, and I am lamiliar with and acc

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