

8/16/23, 11:50 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M1800009805

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I2018000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REALTY SEARCH SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2023 AUG 17 PM 3:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

2023 AUG 17 AM 10:57

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AUG 19 2023

K. Brimbley

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT - BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: REALTY SEARCH SOLUTIONS, LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1400 Forum Blvd, Suite 19A, Columbia, MO 65203

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000009805

3. Jurisdiction of its organization: Missouri

4. Date authorized to do business in Florida: 10/25/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

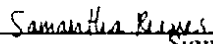
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STATE OF FLORIDA
SECRETARY OF STATE

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHRISTY MONGLER	103 A CORPORATE LAKE DRIVE	<input type="checkbox"/> Add
		COLUMBIA, MO 65203	<input checked="" type="checkbox"/> Remove
AMBR	SAMANTHA REEVES	103 A CORPORATE LAKE DRIVE	<input type="checkbox"/> Add
		COLUMBIA, MO 65203	<input checked="" type="checkbox"/> Remove
AMBR	SAMANTHA REEVES	1400 Forum Blvd, Suite 19A	<input checked="" type="checkbox"/> Add
		Columbia, MO 65203	<input type="checkbox"/> Remove
AMBR	Kim Magsamen	1400 Forum Blvd, Suite 19A	<input checked="" type="checkbox"/> Add
		Columbia, MO 65203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:

 Signature of the authorized representative

SAMANTHA REEVES

Typed or printed name of signee

Filing Fee: \$25.00