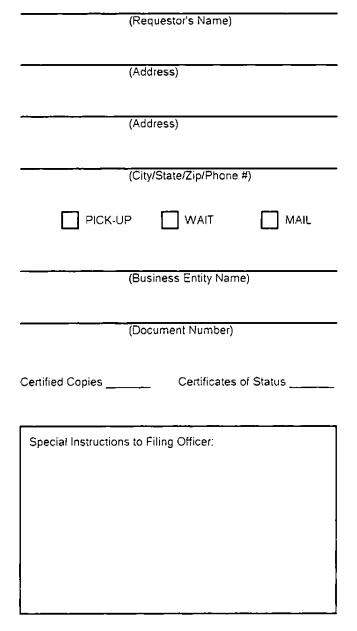
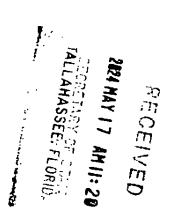
M18 00000 9805





Office Use Only



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.	Name of the limited liability company: REALTY SEARCH SOLUTIONS, LLC						
2	(a)	1400 FORUM BLVD.		 (b)	1400 FO	RUM BLVD.	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		STE. 19A	_	-	STE, 19A	·	
		COLUMBIA, MO 65203	_	-	COLUMB	IA, MO 65203	
		10/25/2018		М	1800000	9805	
3.		Date of filing/registration in Florida	4.			Document number	
5.	(a)					_	
	. ,	Registered Agent and Registered Office shown on the records of th LEGALINC CORPORATE SERVICES INC.	e Florio	da D	ept. of State	 e:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	
		476 RIVERSIDE AVE.			20		
		JACKSONVILLE .FL.3	32202			FIL 2024 MAY 17 SECHELARIA TAN EARLA	
					-	MAY 17 PH	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			L M 17 PH ARY OF VIIAS SE		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		Corporation Service Company				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		NEW Registered Office Address:				m •	
		1201 Hays Street				_	
		Tallahassee FL_3	2301			_	
cha age wa	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabore.	egister ility c the lir	red omp mite	office and pany, it is d liability	d the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in	
	_	Xee & Coni			ill Cilmi	, Authorized Person	
						Printed or typed name of signee	
pro the to i not	ovisie obli mere ifieg	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete page gations of my position as registered agent as provided for reflect a change in the registered office address, I held in writing of this change.	rforn	1/1110	e of my c	luties, and I am familiar with and accept-	
Sig Gr	natur ace	e of Registered Agent E. Kirby, Asst. Vice President					
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						

J 4. ..