

Note: Please print this page and use it as a cover sheet. Type the tax 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 6292

From:

Account Name : INCORP SERVICES INC
Account Number : 1201200000037
Phone : (702) 866-2500
Fax Number : (702) 866 2689

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

Email Address: Documents@incorp.com

2020 MAY 28 AM 10:04

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGENT GROUP REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2020 MAY 28 PM 1:43

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MAY 29 2020

COVER LETTER

H200001593913

TO: Registration Section
Division of Corporations

SUBJECT: Agent Group Realty LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Barajas

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Kim Barajas for InCorp Services, Inc. at (702) 866-2500

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

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

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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: Agent Group Realty LLC

Enter new principal office address, if applicable: 433 Plaza Real Suite 275

(Principal office address
MUST BE A STREET ADDRESS)

Boca Raton, FL 33432

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

433 Plaza Real Suite 275

Boca Raton, FL 33432

2. The Florida document number of this limited liability company is: M19000002863

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: 03/15/2019

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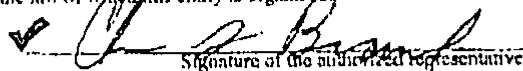
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTOPHER S BRAND	1138 AMBLING WAY	<input type="checkbox"/> Add
		MOUNT PLEASANT, SC 29464	<input checked="" type="checkbox"/> Remove
MGR	Christopher Scott Brand	433 Plaza Real Suite 275	<input type="checkbox"/> Add
		Dade Raion, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.


Signature of the authorized representative

Christopher Scott Brand

Typed or printed name of signer

Filing Fee: \$25.00

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