2/5/24, 3 27 PM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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 REGISTERED AGENT CHANGE BETTER REAL ESTATE, LLC

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Electronic Filing Menu — Corporate Filing Menu

Help

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

i. 1	Name of the limited liability company: Better Real Estate,	1.LC		
2. (a	No change	(b) No change		
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
2	08/12/2020	M20000		
3.	Date of filing/registration in Florida BUSINESS FILINGS INCORPORATED	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		State:	
	PLANTATION , FL	33324		
(b)	C T Corporation System		2024 FEB - 5	
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	- E - 1	
	1200 South Pine Island Road		-5 Fig.	
	NEW Registered Office Address:		PH 12: 37	
	Plantation FL	33324		
the chagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the registered of bility company, the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
/s/ N	Sicholas Taylor	Nicholas Tay	tor	
	ature of a member or authorized representative of a member		Printed or typed name of signee	
provi the ol to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a complete to the change. CT Corporation System	performance of a for in Chapter ereby confirm to	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
By: Signa	ure of Registered Agent	L EMERICK, ASSIST	ANT SECRETARY	