

07/09/2018
6/25/2018

11:25 Seminar Title

Division of Corporations

CA0727 399 3790

P002/003

P01000112636

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.
Account Number : I19990000123
Phone : (727)397-5571
Fax Number : (727)393-5418

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

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REGISTERED AGENT CHANGE
REALTY CONCEPTS OF PINELLAS, INC.

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6/28/2018 9:38:57 AM PAGE 1/001 Fax Server

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P.001/003



June 28, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

REALTY CONCEPTS OF PINELLAS, INC.

7632 DREW OAK DRIVE
SEMINOLE, FL 33772

SUBJECT: REALTY CONCEPTS OF PINELLAS, INC.

REF: P01000112636

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

The registered agent must sign accepting the designation.

PLEASE PLACE A DATE BY THE REGISTERED AGENTS SIGNATURE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

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TALLAHASSEE, FL

P.O BOX 6327 - Tallahassee, Florida 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REALTY CONCEPTS OF PINELLAS, INC.
2. The principal office address: 7632 Drew Oak Drive
Seminole, FL 33772
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/27/2001 Document number: P01000112636
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Peter T. Hofstra

8640 Seminole Boulevard

Seminole, FL 33772

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DeLoach, Hofstra & Cavis, P.A.

8640 Seminole Boulevard

P.O. Box NOT acceptable

Seminole, FL 33772

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Lucia Scheuringer

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

9 July 18
Date

If signing on behalf of an entity:

Dennis R. DeLoach, Jr., President

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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