

PO20000018459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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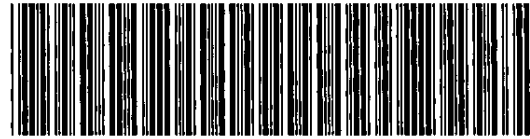
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUN 05 2012

T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Xpress Real Estate Solutions, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P02000018459

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelia Marie Raver

Name of Contact Person

Xpress RE Solutions Inc

Firm/Company

803 SE 37<sup>th</sup> Terr

Address

Okeechobee, FL 34974

City/State and Zip Code

SRAYER@Rocketmail.com

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

For further information concerning this matter, please call:

Shelia Raver

Name of Contact Person

at ( 772 ) 260 9518

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Xpress Real Estate Solution, Inc  
2. The principal office address: 803 SE ~~37th~~ Terr, Okeechobee, FL  
34974  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/19/2002 Document number: P02000018459

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)

Shelia Marie Raver Schlegel

2650 SE Stonebriar Way

Stuart FL 34997

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

Shelia Marie Raver

803 SE 37th Ter

P.O. Box NOT acceptable

Okeechobee, FL 34974

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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.

Drew Marie Raver  
Signature of an officer or director

Shelia Marie Raver  
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.*

Drew Marie Raver  
Signature of Registered Agent

5/25/12  
Date

If signing on behalf of an entity:

Shelia Marie Raver  
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)