

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ress)	
(City)	State/7in/Dhan	o #D
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000080569050

11/11/06-11/11/15 \*\*35.UU

06 OCT 10 PH 3: 59

Psioliolog

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Southeast Florida Real Estate Inc. (Name of Corporation)			
DOCUMENT NUMBER: P02000110880			
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:			
Steven Schmier (Name of Contact Person)			
Southeast Florida Real Estate Inc. (Firm/Company)			
9771 SW Glenbrook Drive (Address)			
Port St. Lucie, FL 34987 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Steven Schmier at (772 ) 345-0943 (Name of Contact Person) (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  Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.		
1. The name of	the corporation; Southeast Florid	da Real Estate Inc.		
	office address: 9771 SW Glenb			
	Port St. Lucie,			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: October	15, 2002 Document number: P02000110880		
	d street address of the current reg rtment of State:	istered agent and registered office on file with the		
	Steven Schmier			
	6186 Astoria Drive			
	Lake Worth, FL 33463			
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office		
	Steven Schmier			
	9771 SW Glenbrook Driv	ve English		
	(P.O. Box NOT acceptable)			
	Port St. Lucie, FL 34987	A STATE OF THE STA		
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its registered agent,		
Such change wanthorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.		
(Signat	of of an officer or director)	Steven Schmier CEO (Printed or typed name and title)		
I hereby accept I further agree of my duties, ar document is be corporation has	the appointment as registered to comply with the provisions of an familiar with and acceping filed merely to reflect a chass been notified in writing of this	agent and agree to act in this capacity. f all statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the change.		
H		9/29/2006		
TO A	gilature of Registered Agent)	(Date)		
If signing on be	chalf of an entity:			
	Typed or Printed Name)			
ζ.	- Sham at T titton remotel			

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