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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Copies Certificates of Status		
Special Instructions to	Filing Officer:	,	



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

NOV 1 9 2014 T. CARTER

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Fidelity Professional Realty, Inc.

Name of Corporation

DOCUMENT NUMBER:

P02000121328

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:

Claudette Lattie

Name of Contact Person

Fidelity Professional Realty, Inc.

Firm/Company

3011 Exchange Court, Suite 101

Address

West Pam Beach, FL 33409

City/State and Zip Code

fprm1@yahoo.com

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

For further information concerning this matter, please call:

Claudette Lattie

ູ 561

723-4280

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
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

statement of change is submitted fo	ons 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statute or a corporation organized under the laws of the State of <mark>Florida</mark> stered office or registered agent, or both, in the State of Florida	· ·	_
1. The name of the corporation: Fig.	delity Professional Realty, Inc.		
	11 Exchange Court, Suite 101, West Palm Bea	ch FL	33409
3. The mailing address (if different)	): Same		
4. Date of incorporation/qualification	on: <u>N - 13 - 2002</u> Document number: <u>P02.000</u>	121	398
<ol><li>The name and street address of the Florida Department of State: (If r</li></ol>	ne current registered agent and registered office on file with the resigned, enter resigned)		
17111 80 Str	eet North		
Loxahatchee	FL 33470	14.7	SECI
		1- NON -1	RETAR AHAS
<ol><li>The name and street address of the (if changed):</li></ol>	ne new registered agent (if changed) and /or registered office	PM 3:	Y OF SI
971 Abaco Lane		: 50	ORID
Riviera Beach	1 FL 33404		>
	P.O. Box NOT acceptable		
	office and the street address of the business office of its reg olution duly adopted by its board of directors or by an offic poration has been notified in writing of the change.		igent,
authorized by the board, or the corp			
Signature of an officer or director	Claudette Lattie  Printed or typed name and title		
I hereby accept the appointment as I further agree to comply with the performance of my duties, and I am agent. Or, if this document is being	registered agent and agree to act in this capacity. Provisions of all statutes relative to the proper and complete Tamiliar with and accept the obligation of my position as r The filed merely to reflect a change in the registered office add That been notified in writing of this change.	e egistere dress, I	d
	10/24/2014		
Signature of Registered Agent  If signing on behalf of an entity:	Date		
Typed or Printed Name	<del></del>		

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