

PO2000134084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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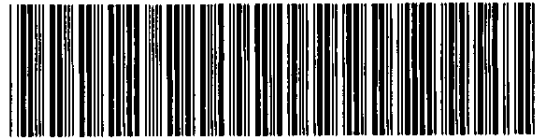
(Business Entity Name)

(Document Number)

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T. LEMUEUX

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MICHAEL SCHNEIDER-CHRISTIAN'S ELITE REALTY  
Name of Corporation

**DOCUMENT NUMBER:** P 02000134084

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:

MICHAEL SCHNEIDER-CHRISTIAN'S  
Name of Contact Person

EMBORR TRADING & CONSULTING, CORP.  
Firm/Company

3581 VALE SANTA CIR.  
Address

CAPE CORAL, FL 33909  
City/State and Zip Code

MICHAEL@SCHNEIDER-CHRISTIAN'S.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AS ABOVE at (239) 549-9993  
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**

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

1. The name of the corporation: Michael Schneider-Christians Eitel Realty Team P.A.  
2. The principal office address: 3581 VALLE SANTA CIR.  
CAPE CORAL, FL 33909  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: MAY 12<sup>TH</sup>, 2006 Document number: PO 2000 134 084  
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)

MICHAEL SCHNEIDER-CHRISTIANS  
3306 SE 22ND AVE,  
CAPE CORAL, FL 33904

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

MICHAEL SCHNEIDER-CHRISTIANS  
3581 VALLE SANTA CIR,  
P.O. Box NOT acceptable  
CAPE CORAL, FL 33909

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

MICHAEL SCHNEIDER-CHRISTIANS  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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

OCT. 24TH, 2017  
Date

If signing on behalf of an entity:

MICHAEL SCHNEIDER-CHRISTIANS  
Typed or Printed Name

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