

P03 000086341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

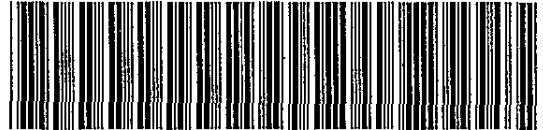
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500040018435

08/12/04--01019--006 \*\*35.00

CLERK OF STATE  
ALLAHASSEE, FLORIDA

04 AUG 12 PM 3:09

FILED

Ps 8/17/04  
24/100

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Realty Powers Inc  
(Name of corporation)

**DOCUMENT NUMBER:** P03000086341

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:

LISA POWERS  
(Name of contact person)

Realty Powers Inc  
(Firm/Company)

1610 Cornwallis PK  
(Address)

Cape Coral FL 33904  
(City/state and zip code)

For further information concerning this matter, please call:

Lisa Powers at (239) 281-1700  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

CR2E045(6/04)

Changing office  
address to 1610  
Cornwallis & changing  
Broker to Lisa Powers

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 Powers Inc  
2. The principal office address: 1610 Cornwallis Parkway  
Cape Coral FL 33904  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P03000086341

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Richard Mencke  
1755 Cape Coral Pk Unit 106  
Cape Coral FL 33904

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

Lisa Powers  
1610 Cornwallis PK  
(P.O. Box NOT acceptable)  
Cape Coral FL 33904

FILED  
04 AUG 12 PM 3:09  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE

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.

Lisa Powers  
(Signature of an officer or director)

LISA POWERS / Broker  
(Printed or typed name and title)  
Owner

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.

Lisa Powers  
(Signature of Registered Agent)

8-8-04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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