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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : WILLIAM N. ASMA, P.A.
Account Number : I20060000067
Phone : (407) 656-5750
Fax Number : (407) 656-0486

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REGISTERED AGENT CHANGE

NEVGUY REAL ESTATE, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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**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: Nevguy Real Estate, Inc.
2. The principal office address: 4700 Millenia Blvd., Suite 175, Orlando, Florida 32839
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/10/2004 Document number: P04000090420
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kimberly Walters2849 Danforth DriveOrlando, Florida 32818

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

William N. Asma, Esquire884 South Dillard Street(P.O. Box NOT acceptable)Winter Garden, Florida 34787

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.

Renee Moore
(Signature of an officer or director)

Renee Moore(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.

William N. Asma
(Signature of Registered Agent)

2-18-2008
(Date)

If signing on behalf of an entity:

William N. Asma
(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
CR2F045 (8/05)

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