P04000158384

| (Requestor's Name) | | | |
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| (Address) | | | |
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| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| : : | | | |
| (Business Entity Name) | | | |
| - | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



500181526245

Charge

-06/18/10--01015--013 **35.00



Doll ho

| TO: Amendmer Division of | at Section Corporations | : | |
|--------------------------|---|--|--|
| SUBJECT: | ABSOLUTE REALTY Name of Cor | GROUP, INC | _ |
| DOCUMENT NU | D0 404 | 00158384 | |
| The enclosed States | ment of Change of Registered Office/ | Agent and fee are submitted for | filing. |
| Please return all co | rrespondence concerning this matter t | o the following: | |
| · · | COURTNE' Name of Cont. | | <u>. </u> |
| • | ranie of Cont | t i cison | |
| | ABSOLUTE REALT | | |
| | i mulicon | ipany | |
| | 195 WEKIVA SPRING | | |
| | Addre | SS | |
| | LONGWOOD City/State and | , FL 32779 | _ |
| | · | • | |
| _ | COURTESSA@ E-mail address: (to be used for fut | AOL.COM | <u>7</u> |
| • | E-man address. (to be used for ful | ! ; | ., |
| For further informa | tion concerning this matter, please ca | II: | |
| | DURTNEY DAVIS ne of Contact Person | at (407) + 49 Area Code & Daytime Tel | 93-8329 ephone Number |
| Enclosed is a \$35.0 | 0 check made payable to the Departm | ent of State. | |
| | | • | |
| res . | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporat Clifton Building | ions |
| m 1 | Tallahassee, FL 32314 | 2661 Executive Cent | er Circle |

Tallahassee, FL 32301

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

| | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute funding is submitted for a corporation organized under the laws of the State of FLOF | |
|--|--|--|
| | der to change its registered office or registered agent, or both, in the State of Florida | |
| | f the corporation: ABSOLUTE REALTY GROUP, INC | |
| 2. The principal | al office address: 195 WEKIVA SPRINGS RD SUTIE 102 | |
| LONGWO | OOD, FL 32779 | ····- |
| 3. The mailing a | address (if different): 195 WEKIVA SPRINGS RD SUITE 102 | · · · · · · · · · · · · · · · · · · · |
| LONGW | WOOD, FL 32779 | |
| 4. Date of incorp | prporation/qualification: 11/19/04 Document number: P0400 | 0158384 |
| 5. The name and Florida Depar | and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned) Davis ABSOLUTE REALTY GROUP, INC. 505 WEKIVA SPRINGS RD STE 650 | TILE IS |
| | LONGWOOD, FL 32779 | 更一 |
| | <u> </u> | 一口 |
| - | | 京宗 達 (|
| 6. The name and (if changed): | nd street address of the new registered agent (if changed) and /or registered office COUNTY DAY IS ABSOLUTE PEALTY GROUP, NC. | Control 15 |
| | 195 WEKIVA SPRINGS RD STE 102 | |
| | LONGWOOD, FL 32779 | |
| | P.O. Box NOT acceptable | |
| • | lress of its registered office and the street address of the business office of its regi | |
| authorized by the | was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change. | er so |
| - Courter | Three of an officer or director COURTNEY H. DAVIS Printed or typed name and title | 3 |
| I hereby accept I further agree of my duties, an document is bei corporation has | of the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered age, being filed merely to reflect a change in the registered office address, I hereby contast been notified in writing of this change. | performance nt. Or, if this nfirm that the |
| Cantrus: | 6/15/10 Ignature of Registered Agent Date | |
| O · | behalf of an entity: | |
| T | Typed or Printed Name | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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