Po5000037567

(Re	questor's Name)					
(Address)						
(Ad	dress)	····				
(Cit	y/State/Zip/Phone	? #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
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89/9/11

COVER LETTER

TO:	Amendment Section Division of Corpo						
SUBJE	CCT:	REAL ESTATE C	ONTAC Corporation	TS, INC.			
DOCU	MENT NUMBER	:P0	500003	7567			
The end	closed Statement of	Change of Registered Off	ice/Agent	and fee are submit	ted for filing.		
Please i	return all correspon	dence concerning this man	ter to the f	ollowing:			
		ROBERT N	I. DEAN	GELIS			
		Name of C	ontact Per	son	- "		
		REAL ESTATE	CONTA	ACTS, INC.			
		Firm/	Company				
		240 WINDS	OR RIDO	SE #36			
			ldress				
NEW CASTLE, PA 16105 City/State and Zip Code							
		ROBERT@REALEST	ATECO	NTACTS.COM			
	E-mail	address: (to be used for	future an	nual report notifi	ication)		
For furt	her information cor	ncerning this matter, please	e call:				
		. DEANGELIS	at (724)	656-8886 ne Telephone Number		
Enclose		ontact Person made payable to the Depa			ne Telephone Number		
	Di P.	mendment Section vision of Corporations O. Box 6327 ellahassee, FL 32314		Street Address: Amendment See Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	rporations g : Center Circle		

CR2E045 (8/05)

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

statement of cha	nge is submitted for a cor	poration organized	07.1508, or 617.1508, Flori under the laws of the State agent, or both, in the State	of FLORIDA			
_		-					
1. The name of the corporation: REAL ESTATE CONTACTS, INC.							
2. The principal office address: 240 WINDSOR RIDGE #36 NEW CASTLE, PA 16105							
3. The mailing a	ddress (if different): P.O	CASTLE, PA	16105				
4 Data of incom			Document number:	P05000037567			
5. The name and	oration/qualification: I street address of the curr trnent of State: (If resigne	ent registered agent	and registered office on file				
	HAMILTON & LEHE	RER					
	101 PLAZA REAL S	SOUTH, STE 20)1				
	BOCA RATON FL	33432		一岁			
6. The name and (if changed):	street address of the new	registered agent (if	changed) and /or registered	Ioffice AFETA			
	HARRISON LAW, F	P.A.		- SEE			
	6860 GULFPORT E	BLVD. S. NO. 16	62	To F			
		P.O. Box NOT acco	eptable	2			
	SOUTH PASADEN	A, FL 33707		² .			
The street addre	ess of its registered office be identical.	and the street add	ress of the business office	of its registered agent,			
Such change wa authorized by th	is authorized by resolution the board, or the corporati	on duly adopted by on has been notified	its board of directors or by d in writing of the change	y an officer so ·			
	e of an officer or director	ghi -	Robert N. DeAnge	and title			
I hereby accept I further agree t of my duties, an document is bei corpoxation has	the appointment as regis o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and ag sions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity, relative to the proper and ion of my position as regis gistered office address, I h	complete performance tered agent. Or, if this ereby confirm that the			
Marie	Pature of Registered Agent	son_	August 5, 2	2011			
If signing on bel	half of an entity:						
HARRISO	N LAW P.A.						
* * * FILING FEE: \$35.00 * * *							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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