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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SEGRETARY OF STABLE OIVISION OF CORPORATION

JUL 7 2015

COVER LETTER *

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Freda Realty Inc. Name of Corporation |
| DOCUMENT NUMBER: 05000043098 |
| 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: |
| ennifer A. Freda Name of Contact Person |
| Freda Realty, Inc. |
| , 661 West Warren Ave. |
| Address Address Address Address City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| enniter Freda at (407) 383, 4181 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 horido in order to change its registered office or registered agent, or both, in the State of Florida. |
| |
| 1. The name of the corporation: Freda Kealty, Inc. |
| 2. The principal office address: lele West Warren Hve. |
| |
| 3. The mailing address (if different): 1631 Rock Springs Rd. Wo. 111 |
| 1000kg FL 32492 |
| 4. Date of incorporation/qualification: 3/22/2005 Document number: POSO0043098 |
| 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) |
| lenniter H. Freda |
| 1832 Silvertin Dal = = |
| 5 No. |
| 6. The name and street address of the new registered agent (if changed) and /or registered office |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| same as above & S |
| 661 West Warren Ave. 5 |
| P.O. Box NOT acceptable |
| Longwood, FL 32750 |
| 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. |
| MOP. Marthew C. Freda, Vice President |
| Signature of an officer or director 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 |
| 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 marely to reflect a change in the registered office address, I hereby confirm that the corporation has been noutlied in writing of this change. |
| nereby confirm that the europeration has been notative in writing of this change. |
| Jenney Fregistered Agent 6/23/2015 Significant Registered Agent Date |
| |
| If signing on behalf of an entity: |
| Typed or Printed Name Typed or Printed Name |

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