(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	Mait Wait	MAIL
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Realty Elite International Corporation			
Name of Corporation			
DOCUMENT NUMBER: P05000083759			
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:			
David Lope Z Name of Contact Person			
Bealty Elite International			
9144 Forest Hill Blvd. Address			
Wellington FL 33411 City/State and LIP Code			
admin@realtyeliteusa.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
David Lopez Name of Contact Person at (561 964-9566 Area Code & Daytime Telephone Number)			
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 Street Address: Amendment Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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.
I. The name of the corporation: Realty Elite International Corporation
2. The principal office address: 9144 Forest Hill Blvd. Wellington, FL 33411
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/10/2005 Document number: P05000083759
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)
David Lopez
9144 Forest Hill Blvd.
Wellington, FL 33411
6. The name and street address of the new registered agent (if changed) and /or registered office
InCorp Services, Inc.
P.O. Box NOT acceptable Loxahatchee, FL 33470
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 hoard, or the corporation has been notified in writing of the change.
David Lopez, PCEO 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 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.
Signature of Registered Agent If signing on behalf of an entity:
Jackie DeFilippis on behalf of Incorp Services, Inc.
* * * 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 (03/12)