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(Requ	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doca	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



11/10/14--01051--015 \*\*35.00

## COVER LETTER

Division of Corporations
SUBJECT: All About You Realty GROUP, Inc.
DOCUMENT NUMBER: PO 5000 128 249
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:
ARHUR GRONDR Name of Contact Person
All About You Realty Group, Inc.
148 Seminole Deive
Demond Beach, FL 32174 City/State and Zip Code
E-mail address: (to ge used for future annual report notification)
For further information concerning this matter, please call:
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