## Pwwa35488

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	: Certificate	s of Status
Special Instructions to	Filing Officer:	

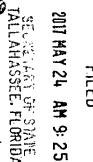
Office Use Only



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C. GOLDEN MAY 3 0 2017



RAJON

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT. LOT & BLOCK REALTY, INC.

Name of Corporation

DOCUMENT NUMBER:

P06000025438

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:

**BETTI SILVERMAN** 

Name of Contact Person

LOT & BLOCK REALTY, INC

Firm/Company

5818 SE AGNEW RD

Address

BELLEVIEW,FL 34420

City/State and Zip Code

bettirealtor@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**BETTI SILVERMAN** 

352 ,

484-1326

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

statement of cha	provisions of sections 607.0502, 617.0. inge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the State of $\underline{F}$	LORIDA
1. The name of i	the corporation: Lot & Block Real	lty,Inc	
2. The principal	office address: 5818 SE Agnew	Rd, Belleview, Fl 34420	
	address (if different): 15767 SW 16		3
4. Date of incorp	poration/qualification: 02/21/	Document number: P0600	0025438
	I street address of the current registered tment of State: (If resigned, enter resigned)	<del>-</del>	th the
	BETTI JEAN		TAL SE 20
	5818 SE AGNEW RD BELL	EVIEW FL 34420	EI MAY 21 SECTO LAGO ALLAHASSE
			FIL SSET
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered offi	FILED  24 AM 9:  3EE FLORE  SEE FLORE
	BETTI SILVERMAN		D <sub>2</sub> 25
	15767 SW 16 AVE RD OCA	ALA FL 34473	
	P.O Box No	OT acceptable	
The street addre	ess of its registered office and the street be identical.	et address of the business office of its	registered agent,
Such change wa	as authorized by resolution duly adopted board, or the corporation has been r	ed by its board of directors or by an onotified in writing of the change.	fficer so
1 Hen	re of an officer or director	BETTI SILVERMAN PRI	
l hereby accept I further agree to performance of agent. Or if the	the appointment as registered agent a to comply with the provisions of all sto my duties, and I am familiar with and is document is heing filed merely to re that the corporation has been notified	and agree to act in this capacity. atutes relative to the proper and comp accept the obligation of my position affect a change in the registered office	olete
12/10		5/22/2017	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Т:	yped or Printed Name		
	* * * FILING F	EE: \$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)