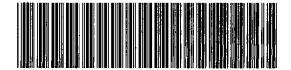
## P07000/23/83

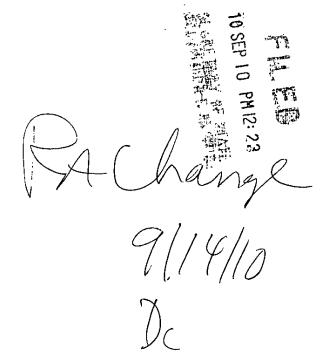
(Re	equestor's Name)	
(***	-4	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

1400 B

CR2E045 (8/05)

TO: Amendment Section Division of Corporations					
SUBJECT: Results Realty of Collier County, Inc.  Name of Corporation					
DOCUMENT NUMBER: P07000123183					
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:					
Michael A. Vale					
Name of Contact Person					
Results Realty of Collier County, Inc. Firm/Company					
· · · · · · · · · · · · · · · · · · ·					
847 North Collier Boulevard					
Address					
Marco Island, Florida 34145 City/State and Zip Code					
City/State and Zip Code					
Mavale54@aol.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Michael A. Vale at (239) 394-8118  Name of Contact Person 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 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

•	nt to the provisions of sections 607.0502, 617.0502, 6 nt of change is submitted for a corporation organizea		
	_ in order to change its registered office or registered	l agent, or both, in the State	e of Florida.
1. The r	name of the corporation: Results Realty of Co	ollier County, Inc.	
2. The p	principal office address: 847 North Collier Boule	vard, Marco Island, F	Florida 34145
<del> </del>			
3. The n	nailing address (if different): P.O. Box 55, Marco	o Island, Florida 3414	16
 4. Date	of incorporation/qualification: 11/13/2007	Document number:	P07000123183
	name and street address of the current registered agent da Department of State: (If resigned, enter resigned)	t and registered office on fi	ile with the
	Greusel, Jamie B; Law Office of J	lamie B Greusel	
	1104 N Collier Blvd		
	Marco Island, FL 34145 US		
	name and street address of the new registered agent (in anged):	f changed) and /or registere	· ·
	Michael A. Vale		PH 12: 22
	847 North Collier Boulevard		7. 7. 7.
	P.O. Box NOT acc Marco Island, Florida 34145	æptable	100
Trib	······································	1 6.1 1 ' 65	
as chan	eet address of its registered office and the street add ged will be identical.	lress of the business office	e of its registered agent,
Such ch authoriz	nange was authorized by resolution duly adopted by zed by the board, or the corporation has been notified	its board of directors or led in writing of the chang	by an officer so e.
4	Signature of an officer or director	Michael A. Vale	e, President
I hereby I furthe of my d docume corpord	y accept the appointment as registered agent and a r agree to comply with the provisions of all statutes uties, and I am familiar with and accept the obligat ent is being filed merely to reflect a change in the re tion has been notified in writing of his change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y d complete performance istered agent. Or, if this hereby confirm that the
~ XII	se tall Wall	September	3, 2010
If signi	Signature of Registered Agent  ng on behalf of an entity:	Date	
	Michael A. Vale Typed or Printed Name		

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