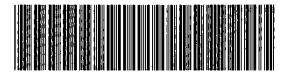
## P09000069367

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #	<i>f</i> )
PICK-UP WAIT	MAIL
(Business Entity Name	· · · · · · · · · · · · · · · · · · ·
(Business Entity Name	<del>)</del> )
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SECRETARY OF STATE
WALLAHASSEF FLARMI

Rochange Newis 8-5-11

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: Real Estate	e Investment & Name of C	Asset Services Inc.	<u> </u>
DOCU	JMENT NUMBER:	P090	000069367	
The en	closed Statement of Change	of Registered Office	e/Agent and fee are submitte	d for filing.
Please	return all correspondence cor	ncerning this matter	to the following:	
	•	Ū	Ç	
		Michael Name of Cor	Bogsted ntact Person	
	Real Es	state Investment Firm/Co	& Asset Services, Inc.	<del>.</del>
		1148 1st		
		Add	ress	
		Winter Have City/State ar	n, FL 33880 nd Zip Code	
		michaelbogsted	@vahoo.com	
	E-mail address		uture annual report notific	ation)
For fu	ther information concerning	this matter, please c	all:	
	Michael Bogst		at ( 863 )	521-1112
	Name of Contact Per	rson	at ( <u>863</u> ) Area Code & Daytim	e Telephone Number
Enclos	ed is a \$35.00 check made pa	yable to the Depart	ment of State.	
	P.O. Box 6	nt Section f Corporations	Street Address: Amendment Section of Corp Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

## $\boldsymbol{\prime}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organized	507.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	of Florida
	•		nent & Asset Servic	<del></del>
2. The principal	office address: 1148	Ist Street S., Wi	nter Haven, FL 33880	
3. The mailing a	ddress (if different): 11	48 1st Street S.	, Winter Haven, FL 33	880
4. Date of incorp	poration/qualification:	08/17/2009	Document number:	P09000069367
	I street address of the curtiment of State: (If resign		t and registered office on fil	e with the
	Michael G. Bogste	ed		\$ <sub>00</sub> _
	300 3rd St. NW			I AUG
	Winter Haven, FL	33881		LAHASSE
6. The name and (if changed):	I street address of the ne	w registered agent (i	f changed) and /or registered	
	Michael G. Bogste	<u>d</u>		
	1148 1st Street S			
		P.O. Box NOT acc	ceptable	
	Winter Haven, FL	33880		
The street address changed will	ess of its registered office be identical.	e and the street add	dress of the business office	of its registered agent,
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or bed in writing of the change	y an officer so
Stonativ	re of an officer or spector		Michael Bogsted	
I hereby accept I further agree to of my duties, an document is bei	the appointment as rea	isions of all statute. d-accept the obliga et a change in the re	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I h	,
			08/03/1	<u> </u>
	half of an entity:		Date	
	Michael Bogsted  yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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