P11000013224

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COVER LETTER

TO: Amendment Section Division of Corporations

Transition Masters Realty Corporation

Name of Corporation

DOCUMENT NUMBER: P11000013224

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:

Lita B Kaufman

Name of Contact Person

Transition Masters Realty Corporation

Firm/Company

402 W Atlantic Avenue, # 527

Address

Delray Beach, FL 33444

City/State and Zip Code

litabkaufman@gmail.com

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

For further information concerning this matter, please call:

Lita B Kaufman

,,954

444-4269

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 607.0 nge is submitted for a corpo r to change its registered off	oration organize	d under the law	s of the State of Flor	ida
	he corporation: Transitio				
1. The name of t	office address: 2700 Las	Vegas Bo	ulevard S.	Suite 2711	
	is, NV 89109	<u>-</u>		,	 .
	ddress (if different): 402 V	N Atlantic A	venue, Su	ite 527	
	Beach, FL 33444				· · · - · · ·
	ooration/qualification: 02/0	07/2011	Document n	umber: P110000	113224
5. The name and	street address of the curren timent of State: (If resigned,	t registered ager			
	Lita B Kaufman				
	435 Canal PT S, #	241			22
	Delray Beach, FL	33444			Ę
(if changed):	InCorp Services, In 17888 67th Court N				SH JUNET ANTI: 26
		PO Box NOT acco	plabic		_
	Loxahatchee, FL 3	3470			
as changed will					
Such change was authorized by th	s authorized by resolution of the board, or the corporation	duly adopted by has been notific	ils board of di ed in writing of	rectors or by an offi f the change.	cer so
THE DO		<u>L</u>	•	man - Presider	nt
I hereby accept I further agree t performance of agent. Or if thi	the appointment as register o comply with the provision my dufies, and I am familia is document is being filed m that the corporation has be	ns of all statutes ir with and acce nerely to reflect	gree to act in the relative to the pt the obligation of change in the	r proper and comple on of my position as e registered office at	registerea
✓ 4/—			Jun	e 15, 2018	
Sign	nature of Registered Agent			Date	
If signing on bel	half of an entity:				
na Sandler on I	behalf of InCorp Serv	ices, Inc.			

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

Typed or Printed Name