

P11000051525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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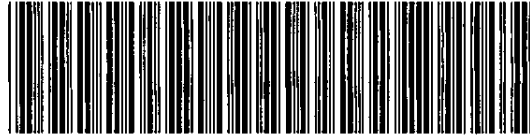
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Walters International Realty  
Name of Corporation

**DOCUMENT NUMBER:** P11000051525

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:

Rosana Walters

Name of Contact Person

Walters International Realty

Firm/Company

11636 NW 19<sup>th</sup> Dr

Address

Coral Springs FL 33071

City/State and Zip Code

rosana007@hotmail.com

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

For further information concerning this matter, please call:

Rosana Walters

Name of Contact Person

at ( 954 ) 304.6000

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Walters International Realty, Inc
2. The principal office address: 11636 NW 19th Dr  
Coral Springs FL 33071
3. The mailing address (if different): 'as above'
4. Date of incorporation/qualification: 06/1/11 Document number: P11000051525
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Izabella Boginsky

10945 Bal Harbor Dr

P.O. Box NOT acceptable

Boca Raton FL 33498

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

R. Walters

Signature of an officer or director

Rosana V. Walters

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Authentication

IZABELLA BOGINSKY

Signature of Registered Agent

7/24/2015 11:18:56 AM

7/23/15

Date

If signing on behalf of an entity:

IZABELLA BOGINSKY

Typed or Printed Name

\*\*\* FILING FEE: \$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)

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