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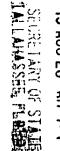
(R	Requestor's Name)	
A)	ddress)	
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(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	e)
(0	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	p Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Ferrin Realty Inc. Name of Corporation			
DOCUMENT NUMBER: P1200018161			
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:			
John Ferrin Name of Contact Person			
Ferrin Realty Inc			
205 Crystal Grove BluD Suite 102			
LUTZ F1 33548 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
John Ferrin at (813) 494-5230 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 Street Address: Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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: Ferrin Realty, Inc
2. The principal office address: 18326 Swan lake DR
Lutz, F1 33549
3. The mailing address (if different):
4. Date of incorporation/qualification: $2/21/2012$ Document number: P120000 8161
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)
John Ferrin
18326 Swan lake DR
LUTZ, F1 33549
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
John Ferrin
205 Crystal Grove BIVD STE 102 P.O. Box NOT acceptable
LUTZ, FI 33548
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.
Signature of an officer or director Owner/Broken John Ferrin 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 hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 8-25-2015 Signature of Registered Agent
If signing on behalf of an entity:
John Ferrin Typed or Printed Name

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