

P12000058964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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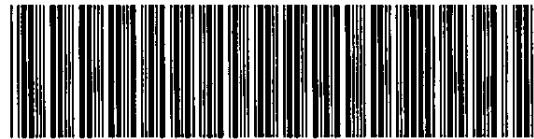
(Business Entity Name)

(Document Number)

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11/04/16
DIVISION OF CORPORATIONS
16 NOV -4 AM 10:10

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXPERT REAL ESTATE ADVISORS INC.
Name of Corporation

DOCUMENT NUMBER: P12000058964

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:

PAMELA SONNE

Name of Contact Person

EXPERT REAL ESTATE ADVISORS INC

Firm/Company

2110 N DONNELLY STREET, SUITE 102

Address

MOUNT DORA, FL 32757

City/State and Zip Code

pamela@expertrealestateadvisors.com

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

For further information concerning this matter, please call:

PAMELA SONNE

Name of Contact Person

at (**352**) **729-9274**

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
16 NOV -4 AM 10:10

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: EXPERT REAL ESTATE ADVISORS INC
2. The principal office address: 2110 N DONNELLY STREET, SUITE 102, MOUNT DORA, FLORIDA 32757

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/02/2012 Document number: P12000058964

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)

Edward C Workinger, Jr

244 Blue Branch Street

Eustis, FL 32736

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

Edward C Workinger, Jr

• 4025 Lake Bosse View Drive

P.O. Box NOT acceptable

Orlando, FL 32810

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.

Edward C Workinger
Signature of an officer or director

Edward C Workinger

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.

Edward C Workinger
Signature of Registered Agent

10/28/2016

Date

If signing on behalf of an entity:

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)

16 NOV - 4 AM 10:10
DIVISION OF CORPORATIONS
STATE OF FLORIDA