PK4 0000 808)2

(Requestor's Name)				
REALTY RELATED CORP 8321 PHILADELPHIA AVE SPRING HILL, FL 34608				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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JUN 3 0 2016

C. CARROTHERS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•		7.0502, 607.1508, or 617.1508, Florida Statute. Organized under the laws of the State of Florida	
		egistered agent, or both, in the State of Florida	
1. The name of	the corporation: Realty Related	Corp.	
2. The principal	office address: 8321 Philadelp	hia Avenue Spring Hill, Fl. 34608	<u> </u>
			<u>.</u>
3. The mailing a	address (if different): 8321 Philac	delphia Avenue Spring Hill, Fl. 346	308
4. Date of incor	poration/qualification: 11-29-20	15)812
	d street address of the current registe rtment of State: (If resigned, enter re	red agent and registered office on file with the signed)	
	Gabriel Ibrahim		
	8321 Philadelphia Avenue	e	
	Spring Hill, Fl. 34608	·	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	2014 JUH 24 SECALTARY
	Gabriel Ibrahim		HZ4 TARI
	8321 Philadelphia Avenue		
	Spring Hill, Fl. 34608	x NOT acceptable	PM 10: 00 SF STATE ELFLORIDA
The street addras changed will		treet address of the business office of its regis	· · · · · · · · · · · · · · · · · · ·
Such change wauthorized by t	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officer on notified in writing of the change.	· so
- Bignati	ure of ait officer or director	Gabriel Ibrahim Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered age to comply with the provisions of all f my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as re o reflect a change in the registered office add	gistered ress, I
		6-21-16	
	gnature of Registered Agent	Date	
	chalf of an entity:		
Gabriel Ibra	Syped or Printed Name		

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