8/21/2017



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE REALDECK UNITS PARTNERSHIPS INC.

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AUG 2 4 2017

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

٠.

statement of ch	ange is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sto d agent, or both, in the Sta	ne of Florida	
		1,0	ARTNERSHIPS INC.		
2. The principa	l office address: 4045 S	SHERIDAN AVE	SUITE 211, MIAMI E	BEACH, FL 33140	
3. The mailing	address (if different): Se	ame as principal	office address		
4. Date of incor	rporation/qualification:	03/06/2017 Document number:		P17000019918	
5. The name an Florida Depa	d street address of the current of State: (If resign	rrent registered agen ned, enter resigned)	at and registered office on	file with the	
	Jacob Abecassis				
	4045 SHERIDAN A	VE SUITE 211			
	Miami Beach, FL 3	3140			
6. The name and (if changed):	d street address of the nev	v registered agent (i	f changed) and /or register	ed office	
	Registered Agents	nc.		TALL SEC	
	3030 N. Rocky Point Dr., STE 150A				
	Tampa, FL 33607	P.O. Box NOT acen	мар4е	TAFY ASSE	آمان المان الم المان المان ال
The street address changed will	ess of its registered office be identical,	and the street addi	ress of the business office	of its registered agent.	ا ا المنطقة المنطقة
Such change was authorized by th	is authorized by resolutions board, or the corporati	on duly adopted by	its board of directors or b d in writing of the change	y an officer so	
212235	et of an officer or director		Jacob Abecassis	, Director	
hereby accept further agree to performance of agent. Or, if this iereby confirm	the appointment as regis to comply with the provis nry duties, and I am fam is document is being filed that the corporation has	stered agent and ug tions of all statutes liar with and accept I merely to reflect a been notified in wr.	ree to act in this capacity relative to the proper and it the obligation of my pos change in the registered ling of this change.	complete sition as registered office address, I	
B	name of Registered Agent		08/21/201	17	
f signing on bel	half of an entity:		1		
Bill Havre					
Ту	ped or Printed Name				

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