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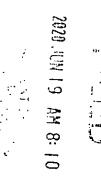
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AUG 0 5 2020 S. YOUNG

## **COVER LETTER**

TO:

Amendment Section

Division of Corporations
SUBJECT: FLEXATION REALTY INC. Name of Corporation
DOCUMENT NUMBER: <u>PL000034380</u>
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:
Amanda "Ami" S. Walker  Name of Contact Person  Elevation Realty, Inc.  Firm/Company  4591 E HWY 20, Suite 201 G  Address  Nicevile Fl 32518  City/State and Zip Code  Ami Walker Realtor a amail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amunda "Ami," S. Walkey at (850) 1419-616 & Name of Contact Person at (850) 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**Street Address:** 

CR2E045 (04/13)

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

rursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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: FleVAtion Realty, Inc. 2. The principal office address: 4591 E HWV 20, Suite 2079, Niceville, Florida 32573
3. The mailing address (if different):
4. Date of incorporation/qualification: 71170 Document number: P2000034360
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)
* WILLER S AMANDA
as Panwood Place
Nicentle FL 32578
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
* AMANDA S WALKER
315 Parkwood Place P.O. Box NOT acceptable
Micenile, Fr 32578
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.
Whalker President
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.
Signature of Registered Agent Lo-17-20 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 (04/13)