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(((H24000313067 3)))



H240003130673ABC-

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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 : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $^{(1)}\psi$

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F41	Address:			
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REGISTERED AGENT CHANGE REAL STREET HOLDINGS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statut organized under the laws of the State of Florida	3			
		registered agent, or both, in the State of Florid	a.			
1. The name of t	he corporation: REAL STREET HO	LDINGS INC.	· 			
2. The principal	office address:					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 09/09/24	Document number: P24000057735				
	I street address of the current regist trnent of State: (If resigned, enter n	ered agent and registered office on file with the esigned)	2			
	UNITED STATES CORPORATION	AGENTS, INC.	. Z			
	476 RIVERSIDE AVE.					
	JACKSONVILLE, FL 32202		2024 SEP 13			
6. The name and (if changed):	ind street address of the new registered agent (if changed) and /or registered office $(0.000)^{\circ}$					
	Registered Agents Inc		严约			
	7901 4th St N STE 300					
	!	P.O. Box NOT acceptable				
	St. Petersburg FL 33702					
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its regi	istered agent,			
Such change wa authorized by th	is authorized by resolution duly acte board, or the corporation has be	dopted by its board of directors or by an offic- een notified in writing of the change.	er so			
Cole L	lumpert	Cole Gumpert-President				
Signitul I hereby accept I further agree to of my duties, an document is bei- corporation has	the appointment as registered age o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete we obligation of my position as registered age on the registered office address. I hereby co	performance nt. Or, if this nfirm that the			
Don't Adens		09/13/2024				
Sigi	nature of Registered Agent	Date				
If signing on be	half of an entity:					
David Roberts						
fy	ped or Printed Name					

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