

(Requestor's Name)		
	,	
(Address)		
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169	hulCtata MindDhana	- 40
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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700296950567

03/27/17--01026--003 **35.00

MAR 28 2017

R. WHITE



COVER LETTER

Please return all correspondence concerning this matter to the following:		
er		

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

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation organia in order to change its registered office or regis	inized under the laws of the State of <u>£10121.da</u>
1. The name of the corporation: Realty K	Check, INC
2. The principal office address: 2326 Del	2/ MASO POLUS al fl 33990
3. The mailing address (if different):	/
4. Date of incorporation/qualification:	Document number: <u>P9300003071</u> 3
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	
Manna M. Ro	DRIQUEZ (POSIMINA)
Cape Coral fl	33990
6. The name and street address of the new registered agree (if changed): Michael D Ho	ent (if changed) and /or registered office
2326 Del Prat Cape Coral G	OT acceptable 33990
The street address of its registered office and the stree as changed will be identical.	t address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by the board or the corporation has been not signature of an officer or director. I hereby accept the appointment as registered agent as I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to rephereby confirm that the corporation has been notified	hall na M. Poly great and title grant agree to act in this capacity. It tutes relative to the proper and complete accept the obligation of my position as registered accept the obligation of my position as registered office address. I
Signature of Registered Agent If circuit a see held for four queits a	3/23/17 Date
If signing on behalf of an entity:	

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