Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  Name  ULINE, BRADLEY R. 213 HANCOCK CT SAFETY HARBOR FL 34695  City  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Signature, based or pursed name of registered agent and to a specification.  NOTE: Registered Agent sgraws regulated where resistancy  City  FL Zip Code  8. This corporation is eligible to satisfy its Intangible Task fling requirement and elects to do so.  (See circle on back)  Make Check Payable to Desire will be \$550.00  Advantable 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER AGRESS CITY-S1-2P  ULINE, BRADLEY R 213 HANCOCK CT  SAFETY HARBOR FL 34695  City S-1-2P  ULINE, BRADLEY R 213 HANCOCK CT  SAFETY HARBOR FL 34695  City S-1-2P  ULINE, BRADLEY R 213 HANCOCK CT  SAFETY HARBOR FL 34695  City S-1-2P  Change  Change  Change  Change  Change  Change  Change  City S-1-2P  Change  Change  Change  Change  Change  Change  Change  City S-1-2P  Change  Change  Change  Change  Change  Change  Change  City S-1-2P  Change  Change  Change  Change  Change  Change  Change  City S-1-2P  Change  Change  City S-1-2P  Change  Change  Change  City S-1-2P  Change  Ch	:00 am State	01 8:0	FIL Jan 10, 20 Secretary		1. Entity Name  COMMONWEALTH OF AMERICA REALTY, INC.					
Suite, Apt. #, etc.    City & State   City & State   City & State   A. FEI Number   59-3197049   Applies   Not App			_		5	213 HANCOCK CT SAFETY HARBOR FL 34695		СТ	213 HANCOCK	
Suite, Apt. #, etc.    City & State   City & State   City & State   A. FEI Number   59-3197049   Applies   Not App						A Lawa Adda a		(5)		
City & State  Country  S. Certificate of Status Desired  Sec. 75 Addition  Fee Required  Fee Fee Required  Fee Feed Feed Fee  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  Fee Feed Feed Feed Feed Feed Feed Fe	1880 IBAD XIII						iness			
Zip Country Zip Country S. Certificate of Status Desired S. Addition Fee Required  6. Name and Address of Current Registered Agent  ULINE, BRADLEY R. 213 HANCOCK CT SAFETY HARBOR FL 34695  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature Symatre, typed or primes name of registered agent and the 4 applicable. (NOTE: Registered Agent symatre required when reimtaining)  9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing S5.00 Make Check Payable to Department of State  11. OPPINCERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  11. OPPINCERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Make SIRRET ADDRESS CITY-ST-ZP  11. WAVE SIRRET AD						Suite, Apt. #, etc.		#, etc.		
6; Name and Address of Current Registered Agent    Value	Applied For Not Applicable	1 3853 1871 49				City & State	-	City & State		
ULINE, BRADLEY R. 213 HANCOCK CT SAFETY HARBOR FL 34695  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ADDRESS  CITY-ST-ZIP  ULINE, BRADLEY R  318 HANCOCK CT  SAFETY HARBOR FL 34695  Delde  111.  OFFICERS AND DIRECTORS INTER  Delde  111.  OFFICERS AND DIRECTORS INTER  Delde  111.  OFFICERS AND DIRECTORS INTER  ORV-ST-ZIP  ULINE, BRADLEY R  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  S			ertificate of Status Desired	5. Certif	Country	Zip	Country		Zip	
ULINE, BRADLEY R. 213 HANCOCK CT SAFETY HARBOR FL 34695  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signatrure  Signatrure  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICIENS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE SIREET ADDRESS CITY-ST-2IP  ULINE, BRADLEY R 213 HANCOCK CT  CITY-ST-2IP  ULINE, BRADLEY R 213 HANCOCK CT  CITY-ST-2IP  ULINE, BRADLES  CITY-ST-2IP  CITY-ST-2IP  ULINE, BRADLES  CITY-ST-2IP  CITY-ST-2IP  ULINE, BRADLE		Agent	me and Address of New Registered	7. Name	Nome	egistered Ağent	e and Address of Current Re	6. Name a	-	
213 HANCOCK CT SAFETY HARBOR FL 34695  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typod or printed name of registered agent and tole if applicable.  P. This corporation is eligible to salisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Defects 11.  OFFICERS AND DIRECTORS  TITLE NAME SIREET ADDRESS CITY-ST-2P  Deidle TITLE NAME SIREET ADDRESS CITY-ST-2P  Change	· .						FY R.	ie. Bradley	1111	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature:   S		<del></del> .	x Number is Not Acceptable)	ddress (P.O. Box N	Street Ad	HANCOCK CT			213	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Signature, troad or printed name of registered agent and trie if applicable.   (NOTE: Registered Agent sprinture required when reinstating)   DATE		Zin Code			City		OR FE 34093	ETT HANDOF	SAF	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE		L Zip Code	<u> </u>		City	NO.	and the state of t			
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	e Addition	Change			NAME STREET ADDRESS	☐ Delete	-	. All Tent	TITLE NAME STREET ADDRESS	

**SIGNATURE:** 

1/3/2001

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