

(R	equestor's Name)			
(Ā	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

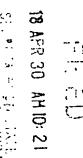


100312516471

05/01/18--01003--018 **35.00

Machay

R. WHITE MAY 0 4 2018



COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: New World Realty, Inc. Name of Corporation P93000064505 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: Carole Hayes Name of Contact Person New World Realty, Inc. Firm/Company 9394 Morton Jones Road Address Gotha, FL 34734 City/State and Zip Code caroleahayes@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carole Hayes Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist	tized under the laws of the State of Floric	da
1. The name of t	he corporation: New World Realty	y, Inc.	
2. The principal Gotha, F	office address: 9394 Morton Jone	es Road	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 9/13/1993	Document number: P930000	64505
	I street address of the current registered a trnent of State: (If resigned, enter resigned	<u> </u>	ıe
	Carole Hayes		
	7710 Excitement Drive		
	Reunion, FL 34747		法 统 动
6. The name and street address of the new registered agent (if changed) and /or registere (if changed):		nt (if changed) and /or registered office	APR 30 AM IO: 21
	9394 Morton Jones Road), 21 January
	Gotha, FL 34734	°acceptable	,*
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its reg	istered agent,
	is authorized by resolution duly adopted the board, or the corporation has been no		
		Carole A Hayes/ President	
I hereby accept I further agree i performance of agent. Or, if the	te of an officer or director the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refl that the corporation has been notified i	utes relative to the proper and complete occept the obligation of my position as r ect a change in the registered office ad	registered
MM	hature of Registered Agent	April 27, 2018	
If signing on be	half of an entity:		
т:	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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