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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT. REAL TRANSFORMATIONS INC.

Name of Corporation

DOCUMENT NUMBER:

P98000053058

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:

Ira M. Marcus, Esq.

Name of Contact Person

Ira M. Marcus, P.A.

Firm/Company

9990 S.W. 77th Avenue, Ph-1

Äddress

Miami, Florida 33156

City/State and Zip Code

ira@marcuslegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ira M. Marcus

.,305

596-2345

Name of Contact Person

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

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, 617.0502, 607.1508, or 617.1508, Floria state of change is submitted for a corporation organized under the laws of the State	of Florida	his 	
1. The name of the corporation: REAL TRANSFORMATIONS INC.	y r ioriaa.		
2. The principal office address: 9990 S.W. 77th Avenue, Ph-1, Miami, FL	33156		
2. The principal office address.			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 6/10/98 Document number: P98	0000530	58	
 The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned) 	with the		
Paul R. Marcus			
9990 S.W. 77th Avenue, Ph-1		2816	3.4.
Miami, Florida 33156	 .	8 I ACM 918	2.5 EE-
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	office	T.	2 0 1935 2 10 1935 3 10 1935
Ira M. Marcus		က္	
9990 S.W. 77th Avenue, Ph-1			
P.O. Box NOT acceptable Miami, Florida 33156			
The street address of its registered office and the street address of the business office o as changed will be identical.			nt,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so	i	
Jeffrey Sullivan, Director Printed or typed name an			
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 a performance of my dulies, and I am familiar with and accept the obligation of my positions. Or, if this document is being filed merely to reflect a change in the registered of the hereby confirm that the corporation has been notified in writing of this change.	complete tion as regis	tered s, I	
Signature of Registered Agent Uate			
If signing on behalf of an entity:			
Typed or Printed Name			

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

CKS DAVABLE TO FLORIDA DEPARTMENT OF STA