## P9900034813

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
John R. Fab 5225 Baysho Tampa, Flori (Ad		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
	cument Number)	
00)	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300249738583

07/15/13--01017--034 \*\*35.00

13 (WIL 15 AM 11: 20

RAROICHS MANUALIS

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

		02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida
	-	ce or registered agent, or both, in the State of Florida.
		Real Estate Analysts Inc.
The name of	association. 5225 Bays	shore Boulevard Tampa, Fl. 33611
z. The principal	office address:	
3. The mailing a	address (if different): same	
4. Date of incor	poration/qualification: 4/14/	/1999
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the nter resigned)
	Chad S. Bowen	
	201 N. Franklin St. S	ite. 2600 One Tampa City Center
	Tampa, Fl. 33602	<del>3</del>
6. The name and (if changed):	d street address of the new reg	evard P.O. Box NOT acceptable
	John R. Fabian Jr.	
	5225 Bayshore Boule	evard
		P.O. Box NOT acceptable
	Tampa Fl. 33611	
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent,
Such change wa authorized by tl	as authorized by resolution di he board, or the corporation h	uly adopted by its board of directors or by an officer so as been notified in writing of the change.
	the farm	President
	ire of an officer or director	Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registere to comply with the provisions my duties, and I am familiar is document is being filed me that the corporation has been	ed agent and agree to act in this capacity. It is of all statutes relative to the proper and complete I with and accept the obligation of my position as registered I wrely to reflect a change in the registered office address, I In notified in writing of this change.
	Infa-	7/13/2013
(Sig	anature of Registered Agent	Date
If signing on be	chalf of an entity:	
·		<u>and the state of </u>
Ť	yped or Printed Name	

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