V45100

(Re	equestor's Name)
(Ad	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

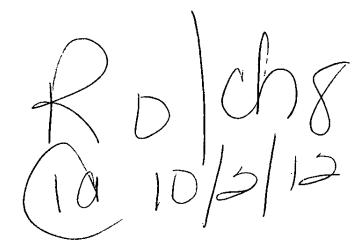
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Downing . Lye Referral Network Name of Corporation Really Inc.
DOCUMENT NUMBER: V 45/00
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:
Jorese Walker Name of Contact Person
Downing Saye Realty Inc. 180 Nenth Street South #300 Address
180 Menth Street South #300
Maples, FL 34/02 City/State and Zip Code
TERESE @ DFRYEREALTY.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (239) 241.2244 X 448 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made navable to the Department of State

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, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Downing- I ye Referral Rewal Reach
2. The principal office address: 180 Kenth Street South * 300
Maples, FL 34102
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/18/1992 Document number: V 45100
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
David E Frye
3411 Jamiani Trail 9 orth + 100
1 aples, FL 34103
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David E. Frye
180 Minth Street South # 300
Maples, FL 34102
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
North AFL HUGHES Signature of partitives or director NICHAFL HUGHES Printed or typed name and title
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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
X / Auf Trus Signature of Registred Agent Date Date
If signing on behalf of an entity:
Typed or Printed Name

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