Y57050

(Re	questor's Name)	-	
(Ad	dress)		_
(Ad	dress)		_
(Cit	y/State/Zip/Phone	e #)	_
PICK-UP	☐ WAIT	MAIL.	
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(Bu	siness Entity Nar	ne) .	-
(Do	cument Number)	l.	Ì,
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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COVER LETTER *

Amendment Section Division of Corporations

TO:

SUBJECT: Real Property Specialists, Inc. Name of Corporation						
DOCUMENT NUMBER:	VEZOEO					
The enclosed Statement of	Change of Registered Offic	e/Agent and fee are subr	nitted for filing.			
Please return all correspond	ence concerning this matter	r to the following:				
·						
	Alan C. Name of Co	Charron ntact Person				
Real Property Specialists, Inc. Firm/Company						
2345 W. Sand Lake Rd., Suite 100 Address						
Orlando, FL 32809 City/State and Zip Code						
bill@realpropertyspecialists.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	. Charron	at (407)	812-8000 ytime Telephone Number			
Name of Co	ntact Person	Area Code & Da	ytime Telephone Number			
Enclosed is a \$35.00 check	made payable to the Depar	tment of State.				
Ai Di P.	neiling Address: nendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Clifton Buil	Section Corporations ding tive Center Circle			

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

statement of cha	inge is submitted for a cor	poration organized	507.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	of Florida	_
1. The name of	the corporation: Real F	roperty Spec	cialists, Inc.		
	office address: 2345 W	. Sand Lake Ro	d., Suite 100		
Orlando, F					
3. The mailing a	iddress (if different):				
4. Date of incorp	poration/qualification:	08/07/1992	Document number:	V57050	
	d street address of the currentment of State: (If resigne		at and registered office on fil	le with the	
	William E. Ruffier				
	Sanders, McEwan,	Martinez, Luff	& Dukes, PA		
	Orlando, FL 32801			2009 17AL	
6. The name and (if changed):	d street address of the nev	v registered agent (if changed) and /or registere	2009 NOV 16 SECRETARY TALLANDASS	A COMM
	Alan C. Charron				M
	2345 W. Sand Lake			1 2: STAT 	
	Orlando, FL 32809	P.O. Box NOT ac	ceptable		,
The street addr	ess of its registered offic	e and the street ad	dress of the business office	e of its registered a	igent,
	/ / /		y its board of directors or being its writing of the change		
Signati	ire of an officer of director		Alan C. Charrol	n, President	
I hereby necep I further agree of my duties, an document is be	t the appointment as reas	isions of all statute d accept the obliga et a change in the r	agree to act in this capacity is relative to the proper an ition of my position as regi registered office address, I	ν	mance if this at the
Sig	gnature of Registered Agent		Date		—
If signing on b	ehalf of an entity:				
	Alan C. Charron Typed or Printed Name				

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