## 106000105663

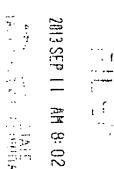
(Re	equestor's Name)			
(Ac	idress)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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J. SAULSBERRY EXAMINER SEP 1 2 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Fathom Realty	y LLC e of Limited Liability Company	
Nani	e of Elithied Elability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registe	ered Office Change and fee(s) are submitted for filing.	•
Please return all correspondence concer	ming this matter to the following:	
Ben Schick		
Name of Person		
. Name of 1 of Son		
Fathom Realty LLC		
Firm/Company	Se a	20
	N. C.	2013 SEP
120 E Marks ST Sui	te 225	1.0
Address	9 <sub>1,</sub> ,	
	<u>_</u>	À.
Orlando, FL 32803	도 (*) 사고 	8: 02
City/State and Zip Code		02
bschick777@gmail.co		
E-mail address: (to be used for future annual r	report notification)	
For further information concerning this	matter, please call:	
Ben Schick	<sub>at</sub> (407) 649-3150	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS	: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	llowing amount:	
Enclosed is a check for the fol		
🗖 \$25 Filing Fee	S55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED, LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: Fathom Realty, LLC	;	
2. (a)	Principal office address of limited liability compa	any: 120 E Marks St	
	(Note: MUST BE STREET ADDRESS)	Suite 225	
		Orlando, FI 32803	
(h)	Mailing address of limited liability company:	120 E Marks St	
	(Note: MAY BE POST OFFICE BOX)	Suite 225	(4)
	(NOIE: MAT BE FOST OFFICE BOX)		
		Orlando, Fl 32803	
10/31/20	006	L06000105663	
2 De	to of filing/aggistantion in Florida	4. Document number	
3. Date of filing/registration in Florida		4. Document number	<b>•••••••••••••••••••••••••••••••••••••</b>
			42 o
5. (a	<ul> <li>Registered Agent and Registered Office shown of</li> </ul>	on the records of the Florida I	Dept. of State.
`			مائر پ
	Registered Agent:	SCHICK, BENJAMIN M	
	Registered Agent.		
	Desistant Office Address	240 N. MORACOTE DOAD	
	Registered Office Address:	210 N. WYMORE ROAD	
		Winter Park, FI 32789	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office add	<u>ress</u> :
	NEW Registered Agent.		
	NEW Registered Office Address:	120 E Marks St	
	(MUST BE FLORIDA STREET ADDRESS)	Suite 225	
	[MUSI DE FLURIDA STREET ADDRESS]		EI 22002
		Orlando	,FL_32803
confir and the liabile the m the of	limited liability company is not organized under the remed that after the change or changes are made, the ne business office of the registered agent will be identify company, it is hereby confirmed that the change embers of the limited liability company or as other perating agreement of the limited liability company or as other perating agreement of the limited liability company.	e Florida street address of the entical. Or, in the case of a Fe(s) was/were authorized by a wise provided in the articles	registered office Florida limited
	,		
	in Schick		•
1 her	t or typed name of signee eby accept the appointment as registered agent an ly with the provisions of all statules relative to the am familiar with and accept the obligations of my ter 608, F.S. Or, if this document is being filed to ess, Thereby confirm that the limited liability comp	d agree to act in this capacity proper and complete perform position as registered agent merely reflect a change in th any has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
	ure of Registered Agent	· ·	- · · · · · · · · · · · · · · · · · · ·

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00