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| (Re | questor's Name) | | | | | |
|---|-------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
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| (Cit | y/State/Zip/Phone | e #) | | | | |
| PICK-UP | MAIT | MAIL | | | | |
| (Bu | siness Entity Nar | me) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificate | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|--------|--|---|
| SUBJ | Fathom Realty LLC | |
| | Nam | e of Limited Liability Company |
| Dear : | Sir or Madam: | |
| The e | nclosed Registered Agent/Registered Offi | ce Change and fee(s) are submitted for filing. |
| Please | e return all correspondence concerning the | s matter to the following: |
| Benj | amin Schick | |
| | Name of Person | |
| Fath | om Realty LLC | |
| | Firm/Company | |
| 600 | Wilkinson Street, #300 | |
| | Address | |
| Orla | ndo, FL 32803 | |
| | City/State and Zip Code | |
| bsch | nick777@gmail.com | |
| | E-mail address: (to be used for future ann | ual report notification) |
| For f | urther information concerning this matter | please call: |
| Benj | jamin Schick | 407 649-3150 |
| | Name of Person | Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| | Enclosed is a check for the following | ; amount: |
| | □ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy |
| INHS | 518 (2/14) | |

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| | me of the limited liability company: Fathom Realty | | | | |
|---------------------------|--|---|-----------------------------|--|---|
| . (a) | Principal office address of limited liability company: | _ (t | p) _ | | Mailing address of limited liability company: |
| | (Note: MUST BE STREET ADDRESS) | | | | (Note: MAY BE POST OFFICE BOX) |
| | 600 Wilkinson Street, #300 | | 6 | 00 Will | kinson Street, #300 |
| | Orlando, FL 32803 | _ | C | riando | , FL 32803 |
| | 10/31/2006 | | LO | 60000° | 105663 |
| | Date of filing/registration in Florida | 4. | | | Document number |
| . (a) | Schick, Benjamin M | | | | |
| () | Registered Agent and Registered Office shown on the records of the | he Florid | a De | pt. of Stat | e: |
| | | | | | 三 |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRES: | <u>S)</u> | | AUG TO |
| | Orlando | 32803 | | | ma = Ti |
| | , FL | | | | |
| (b) | | | | | - S 5 |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office ad | <u>ldre</u> s | <u>is</u> : | Ze. |
| | 600 Wilkinson Street | | | | |
| | NEW Registered Office Address: | | | | _ |
| | Suite 300 | | | | _ |
| | Orlando , FL | 32803 | | | |
| ie cha gent w as/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the regi bility co f the lin limited | ster omp nite liab | ed offiction of the contract o | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany. |
| Signal | ure of a member or authorized representative of a member | Bei | nja | min Sc | |
| | · | 4 | 4 2 | 41.2 | Printed or typed name of signee |
| rovisi | by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete j igations of my position as registered agent as provided by reflect a change in the registered office address, I h | ee 10 ac perform | i in ianc | inis cap e of my | acity. I further agree to comply with th duties, and I am familiar with and acce |

Signature of Registered Agent