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(Requestor's Name)
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(City/State/Zip/Phone #)
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☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: December 7, 2017

ľ

Order#: 942726/010

Re: OHIO REALTY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

I. N	ا Jame of the limited liabi	i lity company: _	OHIO REALTY	LLC	<u> </u>					
2 (~)	125 W. ROMANA STREET			(b)	(b) 1750 SOUTH LANE					
2. (a,	Principal office address of limited liability company:					Mailing address of limite			y:	
		T BE STREET AL				(Note: MAY BE POS	T OFFICE	<u>'. BOX</u>)		
	SUITE 800	<u></u>			SUITE 1			<u> </u>		
	PENSACOLA	FL	32502		MANDE	VILLE, LA 70471	-	 .		
	07/19/2007				L070000	74713				
3.		registration in	Florida	4.		Document number				
5. (a	MANNING, A ALA Registered Agent and Regi	N istered Office show	n on the records of	the Florida	Dept. of Stat	– c:				
	•	il.	ii on the records of	510 1 1011 2 11						
	125 W. ROMANA STREET Registered Office Address (MUST BE FLORIDA STREET ADD					_				
	Registered Office Address	[MUST BE FLORIDA STREET ADDRESS]					د ن جينر د ن جينر			
	SUITE 800	<u> </u>			.	_	0	17		
	PENSACOLA	, FL32502				••		9 <u>2</u> 6		
		li .					SS AN	12	:	
(b)						.	AH≺ Elle		•	
	Enter name of NEW Regis	siered Agent and/o	r NEW Registered	Office add	ress:			<u> </u>		
							<u> </u>			
	1201 Hays Street	<u> </u>				-	STATE LORIDA	(%) €*3		
	NEW Registered Office A	ddress:					>			
		ļ,								
						-				
	Tallahassee		r:	32301						
	Tallatiassee	-!!	, rı	J		-				
If the	limited liability compar	ny is not organiz	zed under the la	ws of the	State of Fl	orida, it is hereby co	nfirmed	that af	ter	
the ch	nange or changes are ma will be identical. Or, in	de, the Florida :	street address o lorida limited li	f the regis	tered offic mnany it i	e and the business of is hereby confirmed	that the c	ne regi change	sterea (s)	
was/v	vere authorized by an af	firmative vote o	of the members	of the lim	ted liabilit	ty company or as oth	ierwise p	rovide	d in	
the ar	ticles of organization or	the operating a	greement of the	limited li	ability cor	npany.				
	Julie D	Philip	2m_	<u> </u>	LIE D					
Sign	ature of a member or authorit	zed representativo c	of a member			Printed or typed name	of signee			
I her	eby accept the appointm	ient as registere	ed agent and ag	ree to act	in this cap	pacity. I further agree	e to com	ply wi.	th the	
the ol	sions of all statutes rela bligations of my position rely reflect a change, in	as registered a	igeni as provide	d for in C	hapter 60.	5, F.S. Or, if this do	cument i.	s being	filed	
to me notifi	rely reflect a change in ed in writing of this cha	ine registered o nge.	ffice address, I	nereby co	njirm inal	іпе нтней навінту	company	rnus D	cen	
	Drace 2-Kuby	Ĭ								
Signa	ure of Registered Agent Co	rporation Serv	ice Company	BY: G	RACE E.	KIRBY, ASSIST.	VP			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314