

L14000178159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500305200635

11/02/17--01021--005 \*\*25.00

FILED  
17 NOV -2 AM 11:48  
DIVISION OF

CHILTONS  
NOV 03 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 352 Realty Group, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James K. Owen

\_\_\_\_\_  
Name of Person

352 Realty Group, LLC

\_\_\_\_\_  
Firm/Company

110 NE 48th Avenue

\_\_\_\_\_  
Address

Ocala, Florida 34470-1554

\_\_\_\_\_  
City/State and Zip Code

james@ocalamls.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James K. Owen

\_\_\_\_\_  
Name of Person

at ( 352 ) 875-8495

\_\_\_\_\_  
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

**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.

1. Name of the limited liability company: 352 Realty Group, LLC

2. (a) \_\_\_\_\_ (b) Same  
Principal office address of limited liability company: \_\_\_\_\_ Mailing address of limited liability company: \_\_\_\_\_  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

296 NE 25th Avenue

Same

Ocala, Florida 34470

NOV 10, 2014

L14000178159

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

James K. Owen

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

296 NE 25th Avenue

Ocala, FL 34470

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

James K. Owen

NEW Registered Office Address:

110 NE 48th Avenue

Ocala, FL 34470-1554

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James K. Owen  
Signature of a member or authorized representative of a member

James K. Owen

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

\_\_\_\_\_  
Signature of Registered Agent

DIVISION OF

17-NOV-2 AM 11:48

FILED