L16000211418

(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:							

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SECRETARY OF STATE

K SALY MAR - 2 2018

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Obsessed With Real Estate, LLC.						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
Deidre	e Dockery						
	Name of Person						
Obse	ssed With Real Estate, LLC.						
	Firm/Company						
1218	Wonderwood Drive						
	Address		_				
Jacks	onville, Florida, 32233						
	City/State and Zip Code						
Ī	-mail address: (to be used for future ann	nual report noti	fication)				
For fur	rther information concerning this matter,	, please call:					
Deidre	e Dockery	904	372-8822				
	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	Ro Di P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	2 \$25 Filing Fee	a s	55 Filing Fee & Certified Copy				
INHS18	8 (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

1.	Na	ame of the limited liability company: Obsessed With	n Real E	Estate, LI	LC.		
2.	(a)	1218 Wonderwood Drive	(b)	PO Box	330863		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (")	,	Mailing address of limited (Note: MAY BE POST		-
		Jacksonville, FL.		Atlantic I	Beach, FL.		
		32233		32233			
		11/16/2016	L	1600021	11418		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Deidre Dockery					
	()	Registered Agent and Registered Office shown on the records of the 510 Orchid Street	ie Florida I	Dept. of State	- e:		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		-		
						TAS: 18	
		Atlantic Beach F13	32233			CRETARY OF LLANASSEE. F	
					-	RELATION AND AND AND AND AND AND AND AND AND AN	===
	(b)	Deidre Dockery			-		m
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office #ddi	ress:			g ()
		1218 Wonderwood Drive				FLORIDA FLORIDA	
		NEW Registered Office Address:			-	5 R	-
		Jacksonville	2222		-		
		FLS.	32233	·	-		
the age was	cha nt v s/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of the la	he regist bility con the limit imited lia	ered office npany, it is ted liability	e and the business off s hereby confirmed the y company or as other apany.	fice of the rep	gistered e(s)
S	ignat	ure of a member or authorized representative of a member	Dela		Printed or typed name o	of signee	
pro the to n	visi obl nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I had I in writing of this change.	e to act i performan for in Cl ereby con	n this cape nce of my c hapter 605 nfirm that	acity. I further agree duties, and I am fami i, F.S. Or, if this doc the limited liability c	e to comply w iliar with and cument is beir company has	vith the l accept 1g filed been
Sig	natu	re of Registered Agent					

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