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Certified Copies Certificates of Status					
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17 DEC 28 AM 7: 34 SECRETARY OF STATE FALLARIASSEE FLORIDA

COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	Libertas REI, LLC		
		ne of Limited Liab	oility Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.
Please retu	irn all correspondence concerning th	is matter to the fo	llowing:
Tiffany C	Crosby		
	Name of Person		•
Libertas	REI, LLC		
	Firm/Company		•
3830 Wi	lliamsburg Park Blvd. Suite 2		
	Address		•
Jackson	ville, FL 32257		
	City/State and Zip Code		•
tiffany@l	ibertasrei.com		
E-ma	il address: (to be used for future ann	nual report notifica	ition)
For further	information concerning this matter.	, please call:	
Tiffany C	rosby	904 at (250-0090
	Name of Person		Area Code & Daytime Telephone Number
Re Di Cl 26	REET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle Ilahassee, Florida 32301	Regis Divis P.O. l	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314
Er	iclosed is a check for the following	amount:	
2	\$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.

2. (a)	ame of the limited liability company: Liberta's KEI, LEC 3830 Williamsburg Park Blvd. Suite 2 3830 W			illiamsburg Park Blvd. Suite 2			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(6)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Jacksonville, FL 32257		Jacksonville, F	L 32257	5		
	03/13/2017	 L	.17000057312				
3. 5. (a)	Date of filing/registration in Florida Jason Palmer	— 4.	Docum	ent number			
, ,	Registered Agent and Registered Office shown on the records o 806 Talleyrand Ave. Registered Office Address (MUST BE FLORIDA STREET)		Dept. of State:				
	Jacksonville F	32206			17 DEC		
(b)	Tiffany Crosby			74.53 74.53 74.53	6 28		
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 3830 Williamsburg Park Blvd. Suite 2				AH 7: 3		
	NEW Registered Office Address:				*		
	Jacksonville F	L_32257					
the char agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members are of preanization or the operating agreement of the	of the regist iability cor of the limi	ered office and the npany, it is hereby ted liability compa	e business office confirmed that	ce of the registered		
1			n Palmer				

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 603, 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 Register d'Agent