11700140686

	<u> </u>				
(Requestor's Name)					
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Do	ocument Number))			
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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08/17/18--01021--010 ★*****25.86

AUG 2 4 ZO18 S. YOUNG



COVER LETTER

_	tration Section 5 ion of Corporations			
SUBJECT:	Obskerza, LLC			
	Nan	e of Limited I	Liability Company	
Dear Sir or M	adam:			
The enclosed	Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.	
Please return	all correspondence concerning th	is matter to the	e following:	
Jacob B. B	rown			
	Name of Person			
Obskerza,	LLC			
·	Firm/Company			₩: 8
653 W 23rd	d St #314			
	Address			
Panama Ci	ity, FL 32405			A LEI ME ST
	City/State and Zip Code			163 17 13 to 31
jacob.brow	n@obskerza.com			7.
E-mail a	address: (to be used for future ann	ual report not	ification)	
For further in	formation concerning this matter,	please call:		
Jacob B. Bi	rown	850	867-8418	
	Name of Person	(Area Code & Daytime Telep	ohone Number
Regis Divis Clifto 2661	tration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclo	osed is a check for the following	amount:		
☑ \$2.	5 Filing Fee		\$55 Filing Fee & Certified Copy	,

INHS18 (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. Name of	f the limited liability company: Obskerza, L		
2. (a) 653	W 23rd St	(b) 653 V	V 23rd St
(0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
#31	14	#314	
Pai	nama City, FL 32405	Panar	ma City, FL 32405
Jun	e 28, 2017	L17000	0140686
3.	Date of filing/registration in Florida	4.	Document number
5. (a) <u>Jac</u>	ob B. Brown		
	tered Agent and Registered Office shown on the records of	f the Florida Dept. of S	State:
751	9 Sunset Ave		
Regis	stered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
Apt	t 2		
—— Par	nama City . Fi	32408	
(b)	ob B. Brown name of NEW Registered Agent and/or NEW Registere	d Office address:	
240	01 Stanford Rd		
NEW	Registered Office Address:		<u> </u>
Apt	1121		
Par	nama City, F	J. 32405	
he change o igent will be vas/were au	I liability company is not organized under the last changes are made, the Florida street address of identical. Or, in the case of a Florida limited I thorized by an affirmative vote of the members of organization or the operating agreement of the	of the registered off iability company, it of the limited liabi	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Signature of	a member or authorized representative of a member		Printed or typed name of signee
provisións og he obligatio o merely ref	ept the appointment as registered agent and agent all statutes relative to the proper and completents of my position as registered agent as provide lect a change in the registered office address, triving of this change.	e performance of n	ny duties, and I am familiar with and accept
Signature of R	egistered Agent		