LI9000084626

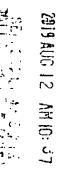
| (Requestor's Name) | | | | |
|---|-----|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT M | AIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status _ | | | | |
| Special Instructions to Filing Officer: | | | | |
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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. N | ame of the limited liability company: Occupy Re | eal Estate Group | LLC | |
|--|--|--|--|--|
| 2. (a) | 7643 Gate Pkwy Ste 104-393 | (b) 7643 | (b) 7643 Gate Pkwy Ste 104-393 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Jacksonville, FL 32256 | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Jacksonville, Fl 32256 | | | |
| | | | | |
| 2 | 3/27/2019 | L19000 | 0084626 | |
| 3. 5. (a) | Date of filing/registration in Florida Trevaris Tutt | 4. | Document number | |
| · (-) | Registered Agent and Registered Office shown on the records 8618 Ribbon Falls In | s of the Florida Dept. of | State: | |
| | Registered Office Address (MUST BE FLORIDA STREE | ET ADDRESS) | | |
| | Jacksonville | FL 32244 | 2219 J | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | #U6 12 A | |
| | 7643 Gate Pkwy Ste 104-393 | | AH 10 27 | |
| | NEW Registered Office Address: | | | |
| | Jacksonville | FL 32256 | | |
| agent w | imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of the case of organization or the operating agreement of the | of the registered off liability company, is s of the limited liabi | ice and the business office of the registered it is hereby confirmed that the change(s) lifty company or as otherwise provided in | |
| | 2m hat | Trevaris Tu | itt | |
| Signature of a member or authorized representative of a member | | <u>-</u> | Printed or typed name of signee | |
| the obl. to mere | by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provietly reflect a change in the registered office address. I'm writing of this change. | igree to act in this c ie performance of n ded for in Chapter 6 I hereby confirm th | apacity. I further agree to comply with the ty duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been | |

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

Signature of Registered Agent