## 119000230546

	(Requestor's Name)		
	(Address)		
	(Mudiess)		
-	(Address)	<del></del>	
	(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
	(Business Entity Name)		
<del></del>	(Document Number)		
	(Boodstone Hambor)		
Certified Copies	Certificates of Si	tatus	
Special Instructions to	Filing Officer:		
J. HORNE			
	NOV 2 1 202	<b></b>	

Office Use Only



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2022 NOV 18 AH 8: 58

10V 18 AM 8:58 2022 NOT 18 AM II:



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:11	/18/2022	
Name:	Chris Vick	_
Reference #:	1831336	<del></del>
Entity Name:	OCAL	A ESTATE, LLC
Articles o	of Incorporation/Authorization	on to Transact Business
Amendm	ent	
Change of the control of th	of Agent	
Reinstate	ement	
Conversi	on	
Dissolution	on/Withdrawal	
☐ Fictitious	Name	
Other		
Authorized Amo	unt: \$25.00	



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Account#: I20000000088

Date:11/18	3/2022			
Name:	Chris Vick	_		
Reference #:	1831336	_		
Entity Name:	OCALA	ESTATE, LLC		
	corporation/Authorization			
Amendment				
Reinstateme	nt			
☐ Conversion				
Merger				
☐ Dissolution/V	Vithdrawal			
Fictitious Na	me			
Other				
Authorized Amount:	\$25.00			

F: +852.2682.9790

## 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.

Na	nme of the limited liability company: OCALA	ESTATE, LLC	
a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
	No Change	No	Change
	September 12, 2019		L19000230546
	Date of filing/registration in Florida	4.	Document number
(a)	Corporation Service Company		
	Registered Agent and Registered Office shown on the recor	rds of the Florida Dept.	of State:
	1201 Hays Street		022 SE SE
	Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)	2022 NOV 18 SECRETALITY AND THE
	Tallahassee	FL_32301-252	
(b)	COGENCY GLOBAL INC.		cn
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address;	<u> </u>
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		

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.

/s/ Frank Frietsch	Frank Frietsch

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00