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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. Name of t	he limited liability company: _	O'LEARY REA	L ESTATE F	HOLDINGS, LLC				
2. (a) <u>1768</u>	BEACH AVENUE		(b)					
- \ \ \ 	Principal office address of limited liabil (Note: MUST BE STREET ADI		_ (0)	Mailing address o		-		
AT	LANTIC BEACH, FLORIDA	32233						
						<u>-</u> .		
02/0	5/2020		L	20000034895				
3.	Date of filing/registration in F	lorida	4.	Document nu	mber			
5. (a) DEI	REK O'LEARY							
· · · · · · · · · · · · · · · · · · ·	red Agent and Registered Office shown	on the records of th	ne Florida Dept. o	of State:			•	
100	2 BALIS PLACE							
Registo	red Office Address (MUST BE FLC	RIDA STREET A	DDRESS)					
1.1.	CKCONMITE		22207					
	CKSONVILLE	, FL_	32207			•>>		
(b) DEI	REK O'LEARY				274 134	?;)		
	ame of NEW Registered Agent and/or	NEW Registered	Office address:		# 17 1			
					*			
176	8 BEACH AVENUE		·····		•	<u>.</u> 7	'!	
<u>NEW</u>	Registered Office Address:				: :	7.30-1 201	• !	
						7.		
. 112					•	<u> </u>		
A I	LANIC BEACH	, FL_	32233					
change or cha agent will be was/were auth	liability company is not organize nges are made, the Florida street identical. Or, in the case of a Florized by an affirmative vote of organization or the operating ag	address of the lorida limited lial the members of	registered offic bility company I the limited li	ce and the business y, it is hereby confi- ability company or	office (med th	of the re at the cl	gistered lange(s)	
	- do /		DER	EK O'LEARY	· 	····		
(riember or authorized representative of			Printed or typed				
provisions of the obligation to merely refl	pt the appointment as registered all statutes relative to the proper is of my position as registered agency a change in the registered of iting of this change.	l agent and agree and complete pent as provided fice address, I h	ee to act in this performance of for in Chapte, ereby confirm	s capacity. I further f my duties, and I a r 605, F.S. Or, if th that the limited liat	r agree m famil sis docs bility co	to compliar with ment is impany	ly with the and accept being filed has been	
Signature of Re	gisterco Agent	- <u>-</u>			-		-,	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314								