

5/6/22, 2:13 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722

Phone : (888)491-1120

Fax Number : (954)333-4242

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 MAY -6 PM 3:18

LLC REGISTERED AGENT CHANGE
ONE OF ONE REAL ESTATE FLORIDA KEYS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 MAY -6 PM 12:48
 FILED
 FLORIDA DEPT. OF STATE
 TALLAHASSEE, FLORIDA

T. LEMIEUX

H220001645293

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 the limited liability company: One of One Real Estate Florida Keys, LLC

2. (a) 506 Fleming Street (b) 506 Fleming Street

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Key West, FL 33040

Key West, FL 33040

April 12, 2022

L22000153548

3. Date of filing/registration in Florida

4. Document number

5. (a) Cogency Global Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 North Calhoun Street, Suite 4

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) Robert A. Spottswood, Jr.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

506 Fleming Street

NEW Registered Office Address:

Key West, FL 33040

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.

Signature of a member or authorized representative of a member

Robert A. Spottswood, Jr.

Printed or typed name of signer

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.

Signature of Registered Agent

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA