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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE MOSAIC REAL ESTATE OCALA, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\P$

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.

FR	orida			_		_			
1.	Na	Name of the limited liability company: Mosaic Real Estate Ocala, LLC							
2.	(a)	350 WEST HUBBARD STE 222	_ (b)	350 WE	ST HUBBA	RD	STE	222	
	` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			ailing address of lin ( <u>Note: MAY BE P</u>		-		
		CHICAGO, IL 60654	_	CHICAG	O, IL 6065	4	<u></u>		
			_		01500				
		02/12/19		M190000					
3.		Date of filing/registration in Florida	4.	ſ	Document numb	ier			
5.	(a)	CORPORATION SERVICE COMPANY							
	<b>,</b> <i>,</i>	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:					
		1201 HAYS STREET							
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	1					
		TALLAHASSEE FI	32301	-2525					
(b) Registered Agents Inc.									
	,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>iress</u> :		<b>3</b>	23		
		7901 4th St N				The second second			
		NEW Registered Office Address:			j	E.	3311	; •	
		STE 300			7	•	1,		
		312 300		P*************************************	••	<u>:</u>	<u> </u>	;; ; ;	
		St. Petersburg	33702	<b>)</b>	:	ž.	දර _		
		St. 1 etc. 30d ig					00		
if	the l	imited liability company is not organized under the law	s of the	State of Flor	rida, it is hereby	conf	irmed t	that after	
9.0	ent i	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	ibility co	ompany, it is:	nereby confirm	ea ma	ar the c	nange(s)	
w	as/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the lim	ited hability	company or as	other	wise pr	rovided in	
ın C	e ari	icies of organization of the operating agreement of the		ey Park	/aii.j.				
<u> </u>	Signa	iture of a member or authorized representative of a member		•	Printed or typed na	ime of	signee		
I pr th to	here ovis e ob mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I l	perjorm Hor in (	ance oj my a Chapter 605.	F.S. Or. if this	docu	ment is	s being filed	
nt(	-	d'in vriting of this change.  Bill Havre - Assistant	t Secre	tary					
<u>-</u> S	ignati	re of Registered Agent							