L0100000 3560

Oakridge Management LLC
PO Box 421149
Kissimmee, FL 34742-1149

City/State/Zip	Phone #		Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
   (Corporation Name)   (Document #)

2. _____
   (Corporation Name)   (Document #)

3. _____
   (Corporation Name)   (Document #)

4. _____
   (Corporation Name)   (Document #)

☐ Walk in   ☐ Pick up time _____   ☐ Certified Copy

☐ Mail out   ☐ Will wait   ☐ Photocopy   ☐ Certificate of Status

02 APR -9 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

NEW FILINGS		AMENDMENTS	
	Profit		Amendment
	NonProfit		Resignation of R.A., Officer/ Director
	Limited Liability		Change of Registered Agent
	Domestication		Dissolution/Withdrawal
	Other		Merger

OTHER FILINGS		REGISTRATION/ QUALIFICATION	
	Annual Report		Foreign
	Fictitious Name		Limited Partnership
	Name Reservation		Reinstatement
			Trademark
			Other

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FF #26.°°

Examiner's Initials	

CR2E031(1/95)

February 25, 2002

OAKRIDGE MANAGEMENT LLC
PO BOX 421149
KISSIMMEE, FL 34742-1149

SUBJECT: OAKRIDGE REALTY, LLC
Ref. Number: L01000003560

We have received your document for OAKRIDGE REALTY, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 902A00011498

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: __Oakridge Realty, LLC__.

2. The mailing address of the limited liability company is : __3501 W. Vine Street #503 Kissimmee FL 34741__.

__March 5, 2001__
3. Date of filing/registration in Florida

__L0100000 3560__
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

__David Smith__
Name

__104 N. Church Street__
Address

__Kissimmee FL 34741__
City, State and Zip

6. The name and address of the new registered agent and/or office:

__David Smith__
Name

__3501 W. Vine Street #503__
Florida street address (P.O. Box **NOT** acceptable)

__Kissimmee, FL 34741__
City, State and Zip

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

__X David Smith__
(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 608, 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.

__X David B. Smith__
(Signature of Registered Agent)

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

INHS18(10/99)

FILING FEE: $25.00