## 106000088726

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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. N	ame of the limited liability company: OAK TREE L	ANDIN	G GF	, LLC	; 
2. (a)	301 E. LAS OLAS BLVD.	(b	301	I E. L	AS OLAS BLVD.
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	/	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#210		#21	0	
	FT. LAUDERDALE, FL. 33301	<u>.                                    </u>	FT.	LAU	DERDALE, FL. 33301
	SEPTEMBER 8, 2006		L060	8000	8726
3.	Date of filing/registration in Florida	4.		]	Document number
5. (a)	CORPORATION SERVICE COMPANY				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			. <u></u>	
	1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			9 <sup>-</sup>	
					3
	TALLAHASSEE	32201			T.T.
	FL., FL	32301			) 1
	STEVEN W. DEUTSCH, ESQ.				
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	1875 NW CORPORATE BLVD.				
	NEW Registered Office Address:				
	SUITE 100				
	BOCA RATON ,FL	33431			
the ch	limited liability company is not organized under the law ange or changes are made, the Florida street address of	ws of the	State	office	and the business office of the registered
agent was/w	will be identical. Or, in the case of a Florida limited lie rere authorized by an affirmative vote of the members of	ability co of the lim	ompan nited li	ıy, it is iability	company or as otherwise provided in
the ar	ticles of organization or the operating agreement of the	limited	liabilit	ty com	pany.
<	Thrond of Blue	7	vm.	15 h	7. ZI.H. V P Printed or typed name of signee
	ature of a member or authorized representative of a member				
I here provis the ob to men notifie	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as providerely reflect a change in the registered office address, I ted in writing of this change.	ee to ac perform d for in ( hereby c	t in thi ance o Chapte onfirm	is capa of my d er 605, i that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signat	ure GEV enisteerid Agent				