M05000003574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 07 2015

Y SULKER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Oakes Limited Company, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian W. Shipley
Name of Person

Shipley Limited, LLC
Firm/Company

7090 Alisio Avenue
Address

West Palm Beach, FL 33413
City/State and Zip Code

stormtrooper030@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian W. Shipley at (561) 281-6990
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2015

BRIAN W SHIPLEY
7090 ALISIO AVENUE
WEST PALM BEACH, FL 33413

SUBJECT: OAKES LIMITED COMPANY
Ref. Number: M05000003574

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

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 215A00019964

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHIPLEY CONSULTING GROUP, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN SHIPLEY
Name of Person

SHIPLEY CONSULTING GROUP, LLC
Firm/Company

7090 ALISO AVE
Address

WEST PALM BEACH, FL 33413
City/State and Zip Code

STORMTROOPER630@ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN SHIPLEY at (561) 281-6990
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: OAKES LIMITED COMPANY, LLC

Enter new principal office address, if applicable: 7090 ALISO AVE
WEST PALM BEACH, FL 33413

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 7090 ALISO AVE
WEST PALM BEACH, FL 33413

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M05000003574

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15 OCT -5 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Jurisdiction of its organization: TEXAS

4. Date authorized to do business in Florida: 06/23/2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SHIPLEY CONSULTING GROUP, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: BRIAN W. SHIPLEY

New Registered Office Address: 7090 ALISO AVE
Enter Florida Street Address

WEST PALM BEACH, **Florida** 33413
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
MGRM	BRIAN W. SHIPLEY	7090 ALISO AVE	☒ Add
		WEST PALM BEACH, FL 33413	☐ Remove
MGRM	BRIAN D. OAKES	7784 HALL BLVD	☐ Add
		LOXAHATCHEE, FL 33470	☒ Remove
MGRM	DELORES H. SHIPLEY	7090 ALISO AVE	☒ Add
		WEST PALM BEACH, FL 33413	☐ Remove
MGRM	DELORES H. OAKES	7784 HALL BLVD.	☐ Add
		LOXAHATCHEE, FL 33470	☒ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

BRIAN W. SHIPLEY

Typed or printed name of signee

Filing Fee: $25.00

FILED
15 OCT 5 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O.Box 13697
Austin, Texas 78711-3697

Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

Shipley Consulting Group, LLC
800196809

[formerly: Oakes Limited Company]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 09/28/2015

Effective: 09/28/2015

Carlos H. Cascos
Secretary of State