

MOS000003574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

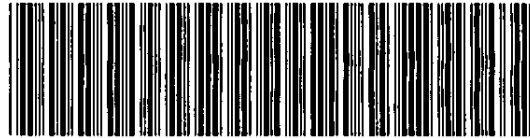
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/18/15--01007--034 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT -5 PM 4:23

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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

561

281-6990

at (_____) _____

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

RECEIVED
15 OCT 1 15 00 PM 3:59
DIV OF STATE
SEE, FL/DOJ

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

STORMTROOPER030@MIE.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

**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: 1005000003574

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

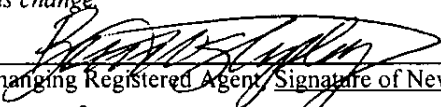
New Registered Office Address: 7090 ALISO AVE

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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

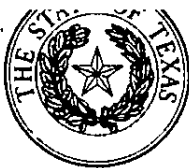
9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


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
CLERK OF STATE
TALLAHASSEE, FLORIDA



Office of the Secretary of State

CERTIFICATE OF FILING OF

Shipley Consulting Group, LLC
800196809

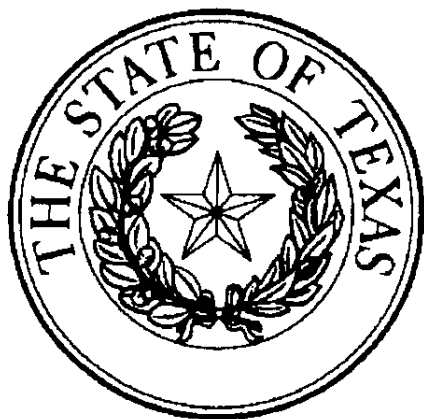
[formerly: Oakes Limited Company]

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



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State