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Requester's Name				
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4983 Rin	GEMENT, INC. ngwood Meadow lota, FL 34235		<del>_</del>	
		Office Use Only		· ·
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if ki	10wn): 70000445	34 <u>67</u> 5	<u>-</u> 1
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Walk in Pick up time		Certified Copy		
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NEW FILINGS	AMENDMENTS	- <del>-</del>		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Change of Registere Dissolution/Withdra Merger	d Agent	· : <del></del> -	
OTHER FILINGS	RECISTRATION/OHA	LIFICATION		

Foreign
Limited Partnership
Reinstatement

Trademark

Other

Examiner's Initials

CR2E031(7/97)

Annual Report
Fictitious Name

## Florida Department of State, Jim Smith, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508.

Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: Oakley tssocia Date of incorporation The name and address of the current registered agent and office: ondominum Management 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or byo an officer so authorized by the board. Typed or printed name and title HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE< (Registered Agent) DATE

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

**FILING FEE: \$35.00** 

CR2E045 (7-91)