Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000169153 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (050)205-0380

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : Il9990000182 Phone

: (954)491-1120

Fax Number

: (954)267-8013

REGISTERED AGENT CHANGE

OEO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.oxe

06-29-107 07:08 FROM-

INVIS18(10/99)

T-296 P002/002 F-405

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

Pursuant to the provisi liability company submi agent, or both, in the Sta	its the following stater	I6 or 608.508, Flortda Statutes, the ment in order to change its register	e undersigned limited ed office or registered
1. The name of the limit	ted liability company i	s: OEO, LLC	· · · · · · · · · · · · · · · · · · ·
		company is :	
2335 N.E. 209th Stre			
June 18, 2002	L02000015139		
3. Date of filing/registra			
5. The name of the regis Florida Department of		ristered office address as shown on t	he records of the
		Name	
	2021 Tyler Street	·	7A1 7A1 7A1
	Hollywood, Florid	Address	CR C
		y, State and Zip	HAA W
6. The name and address	·	-	2007 JUN 29 AM SECRETARY OF TALLAHASSEE.F
	Laurence I. Blair	•	지원 물
	100 West Cypres	Name S Creek Road, Suite 700	AM 8: 10 OF STATE E.FLORIDI
	Florida street addre	ess (P.O. Box NOT acceptable)	3
	Ft. Lauderdale	FL 33309	
	City,	State and Zip	
confirmed that after the cand the business office o liability company, it is he	change or changes are: f the registered agent vereby confirmed that the ed liability company o	d under the laws of the State of Flori made, the Florida street address of the will be identical. Or, in the case of a ne change(s) was/were authorized by r as otherwise provided in the article company.	ne registered office Florida limited on affirmative your of
(Signature of a member or autho	rized representative of a mem	hec	
James Amnon Kattan	- 1 2 ,7 1		•
(Printed or typed name of signed	<u> </u>		
I hereby accept the appo comply with the provision and I am familiar with at Chapter 608, F.S. Or, if address, I haveby confirm	•	agent and agree to act in this capact ve to the proper and complete perior ns of my position as registered agen I filed to merely reflect a change in t ity company has been notified in wr	ity. I further agree to mance of my duties, it as provided for in he registered office iling of this change.
(Signature of Registered Agent)	an of Canacatinas Y	1 (A. May 2338 Mallal and 50 50	***
Divisi	on of Corporations, F	P.O. Box 6327, Tallahassee, FL 32.	314

FILING FEE: \$25.00