P191 CCCO 40424

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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05/18/20--01019--020 **35.00



O SIMMONS

COVER LETTER

Amendment Section Division of Corporations

TO:

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OAKSTEAD ESTATES INC.
2. The principal office address: 4306 LoBo LANS
LAND'O' HAKES FL 34638
3. The mailing address (if different): 28039 SCOTT RD, #DZZO, MULRICITA CA92563
4. Date of incorporation/qualification: 05/07/2019 Document number: P900040424
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
LEGALING CORPORATE SERVICES INC \$ 5737 SUMMERLIN COMMONS STE 400 \$ 5757 MUNICIPALIN COMMONS STE 400 \$ \$\frac{1}{2}\$\$
5237 SUMMERLIN COMMONS STE 400 =
47)(c) ((464)) P) S 390()
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
STEPHEN DURAND
4306 LOBO LANE
P.O. Box NOT acceptable LAND O'LAKES FL 34638
The street address of its registered office 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 by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of arrothter or director TEPHEN DURAND Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Step Manual 04/30/2020 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)