

A 1000000440

(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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10/29/14--01003--005 **25.00

12/02/14--01026--008 **10.00

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14 NOV 21 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers DEC 04 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2014

ARTHUR HALLERAN JR
1000 5TH ST SUITE 223
MIAMI BEACH, FL 33139

SUBJECT: OKS FORT LAUDERDALE BEACH - FLAGSHIP LOCATION,
LIMITED PARTNERSHIP
Ref. Number: A10000000440

We have received your document for OKS FORT LAUDERDALE BEACH - FLAGSHIP LOCATION, LIMITED PARTNERSHIP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00023240

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OKS Fort Lauderdale Beach - Flagship Location, Limited Partnership

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:

Arthur J. Halleran, Jr.

Name of Person

OKS Fort Lauderdale Beach - Flagship Location, Limited Par

Firm/Company

1000 5th Street, Suite 223

Address

Miami Beach, Florida 33139

City/State and Zip Code

arthur@queensfortcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Halleran

305 424-4444
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. OKS Fort Lauderdale Beach-Flagship Location, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/11/2010 3. A10000000440
Date of filing/registration in Florida Florida document number

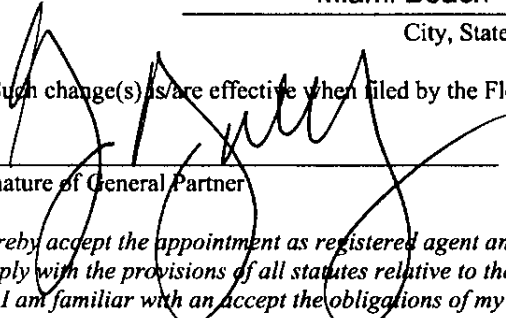
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Thomas Scott
Name
1000 5th Street, Suite 223
Address
Miami Beach, FL 33139
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Arthur J. Halleran, Jr.
Name
1000 5th Street, Suite 223
Florida street address (P.O. Box not acceptable)
Miami Beach FL 33139
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.

Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA