

10/06/17 05:37PM EDT Diversified Corp Services -> CORP DIVISION-2 RA CHANGES 85061763E
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Division of Corporations
Fax Number : (850) 617-6383

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : X20090000024
Phone : (518)229-8228
Fax Number : (302)371-9850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jerry@diversifiedcorp.com

FILED
17 OCT -9 AM 10:00
SECURITY
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
OAK FLORIDA INVESTMENTS LP**

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

97
10/10/17

Help

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**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. OAK FLORIDA INVESTMENTS LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. NOVEMBER 25, 2016 A15000000769
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:

CAPITOL CORPORATE SERVICES, INC.
Name
515 EAST PARK AVENUE, 2ND FLOOR
Address
TALLAHASSEE, FL 32301
City, State and Zip

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

DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Name
18560 NORTH BAY ROAD
Florida street address (P.O. Box not acceptable)
SUNNY ISLES BEACH FL 33160
City, State and Zip

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

OAK FLORIDA MANAGER, LLC, General Partner

By: SI Lorne Lieberman
LORNE LIEBERMAN, MGR

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.

SI Jerry Joseph
Signature of Registered Agent
JERRY JOSEPH, PRESIDENT

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

FILED
17 OCT -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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