

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
OAK GROVE HOLDINGS CORP.**

Certificate of Status	0
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OAK GROVE HOLDINGS CORP.  
Name of Corporation

**DOCUMENT NUMBER:** F07000002446

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

marcelok@uniontelecomusa.com

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

For further information concerning this matter, please call:

Name of Contact Person

at ( )

Area Code & Daytime Telephone Number

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2ED45 (4/05)

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 New York \_\_\_\_\_ in order to ci ☐ registered office or registered agent, or both, in the State of Florida.

2. The principal office address: 1680 MERIDIAN AVENUE, SUITE 402, MIAMI BEACH, FL 33139

4. Date of incorporation/qualification: 5/7/2007 Document number: F07000002446

MIAMI BEACH, FL 33139

Plantation, Florida 33324

Signature of an officer or detective

Printed or typed name and title

12/21/2011

By: [Signature]  
Signature of Registered Agent

Date \_\_\_\_\_

**Typed or Printed Name**

PL006 - 07/23/2009 CT Eynon, O.J. / ms