Division of Corporations 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.

(((H110003046133)))



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

: (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 future annual report mailings. Enter only one email address please. 95

		 	 		Frank	₩.
Email A	ddress:					CD m 1

REGISTERED AGENT CHANGE OAK GROVE HOLDINGS CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO: Ameno Divisio	Iment Section on of Corporations					
SUBJECT:	OAK GR	OVE HOLDINGS CORP.				
		Name of Corporation				
DOCUMENT	NUMBER:	F07000002446				
The enclosed S	tatement of Change of Regis	tered Office/Agent and fee are submitted for filing.				
	1 correspondence concerning	*				
	; ;					
	;	ame of Contact Person				
	Firm/Company					
	Address					
		Addiess				
	City/State and Zip Code					
	marcelok@uniontelecomusa.com					
	E-mail address: (to be	used for future annual report notification)				
For further infor	mation concerning this matte	r, please cali:				
<u> </u>	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$3.	5.00 check made payable to	the Department of State.				
	Mailing Address: Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations Division of Corporations Clifton Building				

CR2E045 (%/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cl	hange is submitted for a cal	rporation orga <mark>niz</mark>	607.1508, or 617.1508, Flo ed under the laws of the Stat	te of New Yor	this
in ord	F- Li		ed agent, or both, in the Stat	e of Florida.	
1. The name of	~~~ ` -	OVE HOLDINGS			
2. The principa	al office address: 1680 ME	UDIAN AVENUE	, Suite 402, Miami Beac	H, FL 33139	
3. The mailing	address (if different);				
4. Date of incom	rporation/qualification;	5/7/2007	Document number:	F07000	002446
	nd street address of the cum artment of State: (If resigns		nt and registered office on fi	le with the	
	ENRIQUE, QUIMPER				
	1680 MERIDIAN AVEN	JE, SUITE 402			
	MIAMI BEACH, FL 3313	9			201 S
6. The name an (if changed):		registered agent (if changed) and /or registere	d office	2011 DEC 29 SECRETAR TALLAHASS
	C T Corporation System				SSE SSE
	c/o C T Corporation System	n, 1200 South Pine	Island Road		ma B
	Plantation, Florida 33324	P.O. Box NOT ac	ceptable		9: 56 STATE LORID
The street address changed will	ess of its registered office be identical.	and the street ad-	iress of the business office	of its register	red agent,
Such change was authorized by the	as authorized by resolution he board, or the corporation	n duly adopted b on has been notifi	y its board of directors or b od in writing of the change	y an officer s	60
(Dan	law Burke		Barbara Burke,		
	the appointment as regist the appointment as regist to comply with the provisi at am familiar with and c ing filed merely to reflect s been notified in writing c	ered agent and a ons of all statute. accept the obliga a change in the re of this change.	Printed or types name gree to act in this capacity i relative to the proper and tion of my position as regis gistered office address, I h		rformance Or, if this at that the
75.00.00	Corporation System		12/21/2011		
Sig	Notice of Realisated Agents		Date		
f signing on be	half of an entity:				
	Kristin Bolden				
T	yped or Printed Name				
	* * *	FILING FEE:	\$35.00 * * *		
	* *	LIBERTO EL OPI	A DEDARTS COLE ON COLUM		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)