## 2030000/3678

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(Address)			
(Address)			
,			
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: OASIS APARTM	IENTS, L.L.C. Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Nancy Lynn Klokke Name of Person	<del></del>
OASIS APARTMENTS, Firm/Company	L.L.C. 23
PO Box 372700	AHASSEE.
Key Largo, FL 33037	
nlklokke@yahoo.com	
E-mail address: (to be used for future annual report in  For further information concerning this matt	
Nancy Klokke	_at (305 ) 394-1014
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

■ \$55 Filing Fee & Certified Copy

☐ \$25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ugem,	or both, in the Blate of Florida.				
1. Nai	me of the limited liability company: OASIS APARTMENTS.	L.L.C.			
2. (a)	Principal office address of limited liability company: 500 Ceribbean Boulevard				
	(Note: MUST BE STREET ADDRESS)	Key Largo, FL 33037	222		
	Twee moor of the first the		F 18 0		
			S-25 TE		
(b) Mailing address of limited liability (Note: MAY BE POST OFFIC)	Mailing address of limited liability company:	P.O. Box 372700			
		Key Largo, Ft. 33037	52: 12		
	(		- C-1-1		
			THE TAX		
04/16/200	าง	L03000013678			
	· · · · · · · · · · · · · · · · · · ·	4. Document number	33 24 <u>2</u>		
s. Dai	e of fitting/registration in Florida	4. Document number	<b>養料 る</b>		
5. <b>(a)</b>	Registered Agent and Registered Office shown on t Registered Agent:	he records of the Florida	a Dept. of State:		
	•				
	Registered Office Address:	500 Caribbean Dr	·		
		Key Largo, FL 33037			
		<del></del>			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> NEW Registered Agent:	V Registered Office ad  Klokke, Nancy L	<u>dress</u> :		
	NEW Registered Office Address:	500 Caribbean Boulevard			
	(MUST BE FLORIDA STREET ADDRESS)	Key Largo.			
	THE PROPERTY OF THE PROPERTY O		,FL 33037		
confirmand the liability the method the op-	limited liability company is not organized under the limed that after the change or changes are made, the Flee business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the lcal. Or, in the case of a was/were authorized by	he registered office Florida limited an affirmative vote o		
Karl W. K		_			
	or typed name of signee				
	by accept the appointment as registered agent and a y with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po- er 608, F.S. Or, if this document is heing filed to me ss, I hereby confirm that the limited liability company	gree to act in this capac Sper and complete perfo sition as registered ager rely reflect a change in w has been notified in wr	ity. I further agree to rmance of my duties, nt as provided for in the registered office iting of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent