

L03000043714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100209664521

07/11/11--01008--030 **75.00

FILED
2011 JUL 11 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 12 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oak Hill Land, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff Davidson

Name of Person

Southeast Volusia Hospital District

Firm/Company

PO Box 909

Address

New Smyrna Beach, FL 32170

City/State and Zip Code

jeff.davidson@sevhd.com

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

For further information concerning this matter, please call:

Jeff Davidson

Name of Person

at (386)

423-0001

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

Enclosed is a check for the following amount:



\$25 Filing Fee



\$55 Filing Fee & Certified Copy

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.

1. Name of the limited liability company: Oak Hill Land, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

305 Magnolia Street, North Suite
New Smyrna Beach, Florida 32168

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

P.O. Box 909
New Smyrna Beach, Florida 32170

11/12/2003

L03000043714

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: James F. Heekin, Jr.

Registered Office Address: 215 North Eola Drive
Orlando, Florida 32801

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Jeff Davidson

NEW Registered Office Address: 305 Magnolia Street, North Suite
(MUST BE FLORIDA STREET ADDRESS) New Smyrna Beach, FL 32168

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jaqueline K. Heekin
Signature of a member or authorized representative of a member

Jaqueline K. Heekin
Printed or typed name of signer

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jeff Davidson
Signature of Registered Agent

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

FILED
JUL 11 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA