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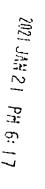
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MAR 0 4 2021 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
·	•
SUBJECT: J.W. Oakleaf LLC	
Name of Lir	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
J.D. and J.S. Watson	
Name of Person	
Firm/Company	
177 Florence Drive	
Address	
Jupiter, FL 33458	
Jupiter, FL 33458 City/State and Zip Code	
JIIISWatson 2 comcast. het JE-mail address: (to be used for future annual repor	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	ill:
Tu in the transfer of	(1 (25 1//6
Name of Person at (Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
rananassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

t. Na	me of the limited liability company: J. W. Oak	leaf, L	LC_	<u></u>		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)				
	Jupiter, FL 33458		Jupi	ter, FL	<u>. 334:</u>	28
	09/09/2004		20400	000666	, 84	
3.	Date of filing/registration in Florida	4.	Doci	ument number		
5. (a)	Katherine A. Barski					
	Registered Agent and Registered Office shown on the records of the	e Florida Dept.	of State:			
	Clo Joseph C. Kempe, P.A. Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS _I				
	941 North Highway A1A				20	
	Jupiter FL	3347	7		21 JAN	*= 3
	· ·			:		٠.
(b)	JILL WATSON			÷	_	1
	Enter name of NEW Registered Agent and/or NEW Registered (Mice address:		•	PH	
	177 FLORENCE DRIVE			•	<u></u>	الب
	NEW Registered Office Address:				00	
			-			
	JUPITER ,FL	3345	0_			
If the li	mited liability company is not organized under the laws	of the State	of Florida,	it is hereby co	onfirmed th	at after the
change agent w was/we the artic	or changes are made, the Florida street address of the n fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the li	egistered offi- ility company the limited li	ce and the y, it is here ability con	business office by confirmed many or as oth	e of the reg that the ch	gistered ange(s)
	J. Walkon ire of a member or authorized representative of a member	_	TILL W	INTSON		
Signati	tre of a member or authorized representative of a member		Print	daTSON ed or typed name	of signee	
provisic the obli to mere notified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided for the reflect a change in the registered office address, I he in writing of this change.	e to act in this erformance of for in Chapte reby confirm	s capacity. If my duties or 605, F.S. that the lir	I further agro , and I am fan Or, if this do nited liability	ze to compl niliar with i ocument is l company h	y with the and accept being filed as been
Cionatur	e of Registered Agent					
JIZHALUI	COLNEGISTER AREIT					