

L04000068623

(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



300251389803

09/19/13--01008--023 **25.00

RECEIVED
13 SEP 19 PM 1:03
DIVISION OF CORPORATIONS

13 SEP 19 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Cody
Requester's Name

Address

City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Southern Oak Management, LLC
(Corporation Name) (Document #)
2. Southern Oak Holding Company LLC
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)
5. _____
(Corporation Name) (Document #)
6. _____
(Corporation Name) (Document #)
7. _____
(Corporation Name) (Document #)

APPROVED
AND
FILED
13 SEP 19 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified copy
- ☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

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: Southern Oak Management, LLC

2. (a) Principal office address of limited liability company: 816 A1A North, Suite 302
(Note: MUST BE STREET ADDRESS) Ponte Vedra Beach, FL 32082

(b) Mailing address of limited liability company: 816 A1A North, Suite 302
(Note: MAY BE POST OFFICE BOX) Ponte Vedra Beach, FL 32082

09/20/2004

L04000068823

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: Tony A. Loughman

Registered Office Address: 200 West Forsyth St., Suite 1200
Jacksonville, FL 32202

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

NEW Registered Agent: _____

NEW Registered Office Address: 816 A1A North, Suite 302
(MUST BE FLORIDA STREET ADDRESS) Ponte Vedra, FL 32082

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.

Tony Loughman
Signature of a member or authorized representative of a member

Tony A. Loughman, Authorized Member

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.

Tony Loughman
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

APPROVED
AND
FILED
13 SEP 19 PM 1:09
TALLAHASSEE FLORIDA
STATE
DIVISION OF CORPORATIONS