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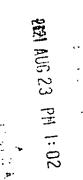
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
OAKLAND MANAGEMENT, LLC SUBJECT:		
	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Damaso W. Saavedra		
Name of Person		
Saavedra-Goodwin		
Firm/Company		
888 S.E 3rd Avenue, Suite 500		
Address		
Fort Lauderdale, Florida 33316		
City/State and Zip Code		
dpazo@saavlaw.com		
E-mail address: (to be used for future annual rep	oort notification)	
For further information concerning this matter, please	call:	
Deanna Pazo	954 767-6333	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amou		
■ \$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 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.

1. Na	me of the limited liability company: OAKLAND MAN	IAGEN	IENT, LLC	
2. (a)			(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4860 NE 12TH AVE.		4860 NE 1	2TH AVE.
	FORT LAUDERDALE, FL 33334	_	FORT LA	UDERDALE, FL 33334
	09/27/2004		L040000702	240
3.	Date of filing/registration in Florida	4.		Document number
5 (0)	Saavedra, Damaso W, Esq.			
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	da Dept. of Stat	 ic:
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRE	(2.5)	
	312 S.E. 17th Street Second Floor		<u> </u>	<u>24</u> ≥
	Fort Lauderdale , FL	33316		<b>9131</b> AUG 23
(b)				- <del>.</del>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	<u>address</u> :	
	Saavedra, Damaso W, Esq.			<i>į</i> . 10
	NEW Registered Office Address:			_
	888 S.E 3rd Avenue, Suite 500			_
	Fort Lauderdale , FL	33316		
change agent was/w the arr Signa I here provis the obto mer notifie	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricular of any position as registered agent as provided ely reflect a aligning in the registered office address. It is of Registered Agent	register ability of the limited	ered office an company, it is imited liability con	d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in inpany.  Printed or typed name of signee  Activity I further agree to comply with the