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COVER LETTER

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	COVER LI	etter 3	
TO: Registration Section		-	The state of the s
Division of Corporations			
Mars Oaks III C			The state of
SUBJECT: Misty Oakes, LLC			
	Name of Limited Lia	ability Company	ν
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	d Office Change and f	ce(s) are submitted for filing.	
Please return all correspondence concerns	ing this matter to the fo	oflowing:	
Robert Ethier			
	· · · · · · · · · · · · · · · · · · ·	_	
Name of Person			
Misty Oakes, LLC			
Firm/Company			
7749 Normandy Blvd #145-213			
Address		_	
Jacksonville, FL 32221			
City/State and Zip C	ode	_	
robert@moi-now.com			
E-mail address: (to be used for futur	e annual report notific	eation)	
For further information concerning this m	atter, please call:		
Robert Ethier	904 at (859-4897	
Name of Person	u. (Area Code & Daytime Telephone Number	
Molling Address		64	
		Street Address: Registration Section	
Division of Corporations	-		
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
1 ananassee, 1 12 323 1 7		Tallahassee, FL 32303	

INHS18 (2/14)

■ \$25 Filing Fee

Enclosed is a check for the following amount:

Check #004531452

☐ \$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.

l. Na	ame of the limited liability company: Misty Oakes, LLC					
2. (a)	7749 Normandy Blvd #145-213		(b) _	7749 Normandy Blvd #145-213	ormandy Blvd #145-213	
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \	· · · / -	Mailing address of limited liability (Note: MAY BE POST OFFIC		
	Jacksonville Fl. 32221	_	 J _	Jacksoonville FL 32221		
	April 30, 2020		L(06000044752		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Misty Oakes, LLC					
). (a)	Registered Agent and Registered Office shown on the records of the	ie Floric	da D	Dept. of State:		
	7749 Normandy Blvd #145-213					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>SS)</u>			
				20	∰*?·	
	Jacksonville , FL	32221			MAY -8 PH 12: 44	
` (b)	Robert Ethier				a PH	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ddre	<u>'ess</u> :	15. was	
	7749 Normandy Blvd #145-213					
	NEW Registered Office Address:					
	Jacksonville .FL	32221				
change igent v was/wo the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liable of a member or authorized representative of a member of the liable of a member of authorized representative of a member of the liable of the appointment as registered agent and agree of the agree of the appointment as registered agent and agree of the agree	egister oility c the lir imited	red comp mite liab	office and the business office of the repany, it is hereby confirmed that the ced liability company or as otherwise public company. Chart Eraies Printed or typed name of signee	egistered :hange(s) rovided in	
provisi the obl to mere	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided the reflect a thange in the registered office address. I he writing of this change.	erforn for in	nano Cho	ice of mv duties, ånd I am familiar with apter 605, F.S. Or, if this document is	h and accept s being filed	

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

Signature of Registered Agent