

06000059110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

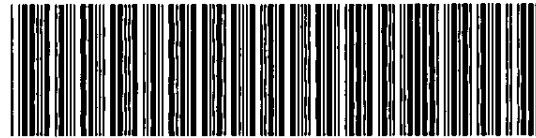
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04/19/13--01007--004 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF REGISTRATIONS  
2013 APR 19 AM 9:44  
TO ACCORDANCE  
SUFFICIENCY OF FILING

FILED  
13 APR 19 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORP DIRECT AGENTS, INC.**  
**515 EAST PARK AVENUE**  
**TALLAHASSEE, FL 32301**  
**222-1173**

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      **MICHELE HOLDEN**

**DATE:**            **04/18/2013**

**REF. #:**           **8741369.6853342**

**CORP. NAME:**   **OAKWATER PHASE II, L.L.C.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                         | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                                     | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                             | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                                     | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                       |   |  |
| <input checked="" type="checkbox"/> OTHER:      CHANGE OF REGISTERED AGENT |   |  |

**STATE FEES PREPAID WITH CHECK#** **70001448** **FOR \$** **25.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**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: OAKWATER PHASE II, L.L.C.

2. (a) Principal office address of limited liability company: One Vance Gap Road  
**(Note: MUST BE STREET ADDRESS)** Asheville, NC 28805

(b) Mailing address of limited liability company: One Vance Gap Road  
**(Note: MAY BE POST OFFICE BOX)** Attn: Legal Dept.  
Asheville, NC 28805

06/07/2006 L06000059110

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: KOSMAS, JAMES MATTY.

Registered Office Address: 111 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168

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

**NEW Registered Agent:** NRAI Services, Inc.

**NEW Registered Office Address:** 1200 South Pine Island Road  
**(MUST BE FLORIDA STREET ADDRESS)** Plantation, FL 33324

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.

Michele Holden  
Signature of a member or authorized representative of a member

Michele Holden, Authorized Representative  
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.*

By: Michele Holden, ASst Sec  
Signature of Registered Agent

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

INH518 (05/08)

FILED  
APR 19 AM 8:00  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA