LORDON 460S

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AUG 06 2014

R. WHITE

COVER LETTER

Division of Corpo						
OAKS OF	OAKS OF PASCO COUNTY, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspon	ndence concerning this matter	r to the following:				
STEPHEN C RABBIT	т					
N	ame of Person					
OAKS OF PASCO C	OUNTY, LLC					
F	irm/Company					
917 ARBUTUS DRIV	E					
	Address					
ANNAPOLIS, MD 21	403					
City/	State and Zip Code					
STEVERABBITT@G	MAIL.COM					
E-mail address: (to l	be used for future annual repo	ort notification)				
For further information co	oncerning this matter, please c	call:				
STEPHEN C RABBIT	Tat (995 9700				
Name of	Person	Area Code & Daytime Telephone Number				
STREET/COUR Registration Section Division of Corportion Building 2661 Executive Control Tallahassee, Flori	orations enter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
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.

1. Na	me of the limited liability company: OAKS OF	PASCO	COUNTY, L	LC
2. (a)	ANDREA L GUYER	(b) STEPHEN C RABBITT		
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	355 OLD MIMS ROAD			UTUS DRIVE
	GENEVA, FL 32732		ANNAPO	LIS, MD 21403
	07/17/14		L0800004	8605
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a)	ANDREA L GUYER			
. (.,	Registered Agent and Registered Office shown on the records ANDREA L GUYER	of the Florid	da Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	<u>55)</u>	
	GENEVA	FL 32732	2	
(b)	ANDREA L GUYER			1 3
(0)	Enter name of NEW Registered Agent and/or NEW Registe	red Office a	ddress:	24 6
	ANDREA L GUYER			
	NEW Registered Office Address:			
	355 OLD MIMS ROAD			
	GENEVA	FL_32732	2	
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the company of t	s of the reg d liability or rs of the li the limited	gistered office company, it is mited liability I liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signs	fur of a member or authorized representative of a member	_		Printed or typed name of signee
I here provisi	by accept the appointment as registered agent and completions of all statutes relative to the proper and completing to the proper and completing to the proper agent as proved the property of	agree to a ele perfori ided for in	ct in this capa nance of my d Chapter 605,	city. I further agree to comply with the uties, and I am familiar with and accep. F.S. Or, if this document is being filed by limited liability company has been

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

notified in writin

Signature of Registered Agent