## L08000105424

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

B. KOHR

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**EXAMINER** 



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SECRETARY OF STATE

## COVER LETTER

	ration Section on of Corporations			
SUBJECT:	OAK PO	OND M	MELODY MHP, LLC	
	. Name of	Limited	Liability Company	
Dear Sir or Ma	adam:			10 P
The enclosed	Registered Agent/Registered	Office C	Change and fee(s) are submitted	for Filing.
Please return a	all correspondence concerning	this ma	atter to the following:	13.55 K
	:			1000
	Alex Stewart			- Br
	Name of Person			•
	Firm/Company			
	12330 NW 71st St.			
	Address			
	<b>5</b> 11 1 51 11 00070			
	Parkland, Florida 33076 City/State and Zip Code			
	Only/build and hip dodd			
	alxstwrt@aol.com		<u> </u>	
E-mail addre	ess: (to be used for future annual report	notification	on)	
For further inf	formation concerning this mat	ter, pleas	ase call:	
	Alex Stewart	at (	410 )746-02	01
	Name of Person	· · ·	Area Code & Daytime Telepho	ne Number
STREI	ET/COURIER ADDRESS:		MAILING ADDRESS:	
Registr	ration Section		Registration Section	
	on of Corporations		Division of Corporations	
	Building		P.O. Box 6327	
	executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314	
Enclos	sed is a check for the followi	ng amou	ount:	
\$25	Filing Fee		\$55 Filing Fee & Certified	d Copy

## 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.

Name of the limited liability company:	OAK POND MELODY MHP, LLC
2. (a) Principal office address of limited liability co	mpany: c/o Wolfson & Associates
(Note: MUST BE STREET ADDRESS)	2801 N. University Drive, Suite 306 Coral Springs, Florida 43065
(b) Mailing address of limited liability company:	c/o Wolfson & Applicates
(Note: MAY BE POST OFFICE BOX)	2801 N. University Driver Suite 306 Coral Springs, Florida 33365
November 12, 2008	L0800010542
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	Victor J. Troiano
Registered Office Address:	317 S. Tennessee Avenue Lakeland, FL 33
•	-
(b) Enter name of <b>NEW Registered Agent</b> and/o	or NEW Registered Office address:
NEW Registered Agent:	Alex Stewart
NEW Registered Office Address:	12330 NW 71st St.
MUST BE FLORIDA STREET ADDRESS	Parkland ,FL33076
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or a or the operating agreement of the limited liability company or a signature of a member or authorized representative of a member	er the laws of the State of Florida, it is hereby, the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote s otherwise provided in the articles of organization impany.
Alex Stewart	
Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if the document is being filed address, I hereby confirminat the limited liability considered of Registered Agent, Alex Stewart	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.
Signature of registrica Agent, ATEX SCEMATE	