

Division of Corporations

LO9000040277

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BUSINESS FILINGS
Account Number : 105256061620
Phone : (606) 827-5300
Fax Number : (606) 827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
OXFORD EQUITY PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2019 OCT 11 PM 2:49

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0124 or 605.0125, 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: OXFORD EQUITY PARTNERS, LLC
2. (a) 10295 Collins Avenue #509
Principal office address of limited liability company.
(None, MUST BE STREET ADDRESS)
Bal Harbour, Florida 33154
- (b) 10295 Collins Avenue #509
Mailing address of limited liability company.
(None, MAY BE POST OFFICE BOX)
Bal Harbour, Florida 33154
3. 4/24/2009
Date of filing registration in Florida
4. L09000040277
Document number
5. (a) BUSINESS FILINGS INCORPORATED
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
1206 South Pine Island Road
Registered Office Address: MUST BE FLORIDA STREET ADDRESS
Plantation, FL 33324
- (b) Michael Shehadi
Enter name of NEW Registered Agent and/or NEW Registered Office address:
10295 Collins Avenue #509
NEW Registered Office Address:
Bal Harbour, FL 33154

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.

Michael Shehadi
Signature of a member or authorized representative of a member

Michael Shehadi, Member

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 605, 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.

Michael Shehadi
Signature of Registered Agent

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TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT