

L100000080265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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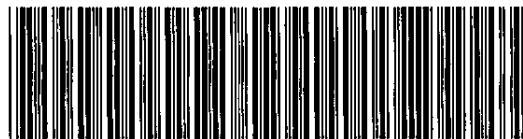
(Business Entity Name)

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DIVISION OF CORPORATIONS
12 OCT -4 AM 10:44

OCT -5 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 495 Oxford Consulting, 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 correspondence concerning this matter to the following:

William David Jones
Name of Person

495 Oxford Consulting, LLC.
Firm/Company

2438 NW 30 St.
Address

Boca Raton FL 33431
City/State and Zip Code

wdavejones1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William David Jones at (561) 210 7664
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

From: David Jones <wdavejones1@gmail.com>
Subject: 495 Oxford Consulting, LLC address change
Date: October 1, 2012 6:49:55 PM EDT
To: corpaddresschange@dos.state.fl.us

Please change the business address of 495 Oxford Consulting, LLC as follows:

495 Oxford Consulting, LLC
2438 NW 30 Street
Boca Raton, FL 33431

mailing address:

P.O. Box 811771
Boca Raton, FL 33431

email address:

wdavejones1@gmail.com

Note: I have also mailed in a change of registered agent address. Any questions please call me at the number below.

Thank you.

495 OXFORD CONSULTING, LLC

W. David Jones
561-210-7664 (w)
561-400-1971 (c)
wdavejones1@gmail.com

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: 495 Oxford Consulting, LLC
2. (a) Principal office address of limited liability company: 2438 nw 30 St.
boca raton fl 33431
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: P.O. Box 811771
Boca Raton, FL 33431
(Note: MAY BE POST OFFICE BOX)

07/30/2010
3. Date of filing/registration in Florida

210000080265
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Mark B. Gustin, P.A.

Registered Office Address:

2700 N. Military Trail
Suite 130
boca raton, fl
33431

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

NEW Registered Agent:

WILLIAM DAVID JONES

NEW Registered Office Address:

2438 nw 30 St.

(MUST BE FLORIDA STREET ADDRESS)

boca raton, fl
33431, FL

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.

Signature of a member or authorized representative of a member

William David Jones

Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00