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GARY A. FORSTER\*\*0 ERIC C. BOUGHMAN\*0 MARK S. GIVENS\*0 MARK A. GRIMES\* J. BRIAN PAGE\*\* TERESA N. PHILLIPS THOMAS C. SHAW++ JAMES E. SHEPHERD 2200 LUCIEN WAY, SUITE 405 MAITLAND, FLORIDA 32751

> LOCAL (407) 255-2055 FAX (407) 264-8295

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\*OF COUNSEL

- \*\*LL M IN TAXATION
- \*\*BOARD CERTIFIED IN WILLS, TRUSTS & ESTATES
- OLICENSED IN WASHINGTON, D.C.
- •LICENSED IN NEVADA
- $\circ$  CIRCUIT COURT CERTIFIED MEDIATOR
- g LICESSED IN WASHINGTON (STATE) AND CALIFORNIA

July 20, 2022

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

Re: Marble Oak Properties, L.L.C.

Statement of Change of Registered Office or Registered Agent

## Dear Donna:

In connection with the above referenced entity, enclosed please find a Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company. We have also enclosed a check in the amount of \$25.00 to cover the required filing fee..

If you have any questions, please do not hesitate to call.

Yours very truly.

Thomas C. Shaw

Thomas C Shaw

TCS:cey Enclosures

## 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.

	Same of the limited liability company: MAKHAS OF 2137 West State Road 434	(1.)	2137 West State Road 434		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		(b)		
	Longwood, FL 32779	i	Longwood, FL 32779		
			·		
	November 9, 2010	Ll	0000116916		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	, IVAN M. LEFKOWITZ				
5. (a	Registered Agent and Registered Office shown on the record	ds of the Florida D	ept. of State:		
	430 N. MILLS AVE.		. 2		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)			
	SUITE 4				
	ORLANDO	, FL_32803	ි		
(b)	THOMAS C. SHAW				
(1)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	2200 LUCIEN WAY		_		
	NEW Registered Office Address:				
	SUITE 405				
	MAITLAND	.FL 32751			
chang agent was/w the art	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of	the registered of liability compers of the limite the limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in illity company.		
	Mun U. Slongmunature of a member or authorized representative of a member	MARC	1. SHARFMAN  Printed or typed name of signee		
I here provis the ob	thy accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address	agree 10 act in lete performanc pided for in Cha s. I hereby confi	ins capacity. I juriner agree to comply with the see of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed from that the limited liability company has been		

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

notified in writing of this change,

Signature of Registered Agent