

L11 000024368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

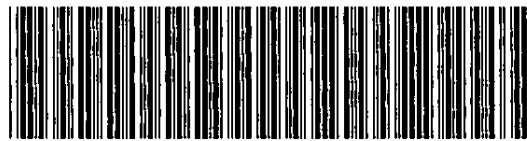
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100240191751

10/02/12--01013--007 \*\*25.00

FILED  
12 OCT -2 PM 2:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 3 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABILITY OAKLAND MM, 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:

JENNA EMMONS

Name of Person

ABILITY HOUSING OF NORTHEAST FLORIDA, INC

Firm/Company

76 SOUTH LAURA STREET, SUITE 303

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

JEMMONS@ABILITYHOUSING.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNA EMMONS

Name of Person

at ( 904 )

359-9650 x103

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

**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: ABILITY OAKLAND MM, LLC

2. (a) Principal office address of limited liability company: 76 SOUTH LAURA STREET

**(Note: MUST BE STREET ADDRESS)**

SUITE 303  
JACKSONVILLE, FL 32202

(b) Mailing address of limited liability company: 76 SOUTH LAURA STREET

**(Note: MAY BE POST OFFICE BOX)**

SUITE 303  
JACKSONVILLE, FL 32202

02/25/2011

3. Date of filing/registration in Florida

4. Document number

L11000024368

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

Registered Agent: SHANNON NAZWORTH

Registered Office Address: 126 WEST ADAMS STREET  
SUITE 502  
JACKSONVILLE, FL 32202

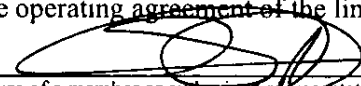
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)**

76 SOUTH LAURA STREET  
SUITE 303  
JACKSONVILLE, FL 32202

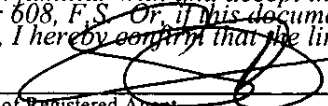
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

SHANNON NAZWORTH

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**