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(Re	equestor's Name)				
(Ac	idress)				
———(Ac	ddress)				
(Ci	ty/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Bi	usiness Entity Name)				
(Document Number)					
Certified Copies	_ Certificates of	Status			
Special Instructions to	Filing Officer:				

Office Use Only



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TILED

17 AUG 24 FM 2: 00

18 AUG 24 FM 2: 00

S. WARREN AUG 2 5 2017



July 28, 2017

TOBI TUTTOBENE 5785 GILLIAM RD ORLANDO, FL 32818

SUBJECT: OAK ACRES FARM LLC Ref. Number: L11000040614

We have received your document for OAK ACRES FARM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATIOIN - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 117A00015334

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

ro:	Division of Corporations		
SUBJE	JECT: Oak Acres Farm LLC Name of Limited Liability Company		
Dear Si	Sir or Madam:		
The end	enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing	₫.	
Please	e return all correspondence concerning this matter to the following:		
	Tobi Tuttobene Name of Person		
	Oak acres Farm LLC Firm/Company	7	63
	5785 Gilliam Rd Address	PESVEN PROF	1017 AUG 25
	Orlando FL 32818 City/State and Zip Code	The original of the state of th	AM IJ: 92
4	E-mail address: (to be used for future annual report notification)	• *	
For fur	urther information concerning this matter, please call:		
	TODI Tuttobene at (407) 739-5365 Name of Person Area Code & Daytime Tele		
	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:		
INHST	\$18(2/14) Already Paid \$35 Filing Fee & Certified Cop	у	

41)

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.

	`			~		_
I. Na	me of the limited liability company:Oak	<u>(ic</u>	<u>res</u>	Farn	1 6	<u>-C</u>
2. (a)	5785 Gilliam Rd	_ (b)	<u>578</u>	5 Gil	lian	r Rd
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Α	failing address of (Note: MAY B)		
	Orlando FL 32818	. .	0-10	endo	FL	32818
	(0/1)		1 11	0-054		
3.	Date of filing/registration in Florida	4.	L11	Document nur		<u> </u>
	Legal Zoom					
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida L	Dept. of State	:		
	9900 Spectrum Or					
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)				
	Austin TX 78717				<u>:-</u> :	17 /
	,FL_				:	136 .:;
(b)	tohi Tuttobene					24 = = = = = = = = = = = = = = = = = = =
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	<u>'ess</u> :		<u></u> ,	
	5785 Gilliam Rd					2: 00
	NEW Registered Office Address:				21*	_
		77	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Orlando FL	56C	<u> </u>			
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registed bility con the limit	ered office npany, it is ied liability	and the busing hereby confirmation or a company or a	ess offic	e of the registered t the change(s)
t	Dh. Ju	<u></u>		Printed or typed	40 b	ene
_	ure of a member or authorized representative of a member					
provision the obli- to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he Lin writing of this change.	re to act i performat for in Cl ereby cor	n this cape nce of my d lapter 605 ifirm that i	acity, 1 further luties, and 1 a , F.S. Or, if th the limited liab	r agree to ni familio nis docun bility con	ent the comply with the service of the complex with and accept the complex pent is being filed appany has been

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

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Signature of Registered Agent