

L12 0001 22598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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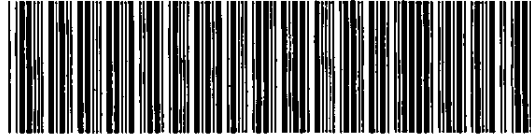
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

62

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oakland Ventures 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:

Loei Christman
Name of Person

Loei Christman LLC
Firm/Company

2825 Shady Valler Dr
Address

Atlanta Ga 30324
City/State and Zip Code

loei.christman@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loei Christman at (404) 561 3119
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

PD # 1047

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.

1. Name of the limited liability company: Oakland Ventures LLC

2. (a) 12160 Sunnydale Dr (b) P.O. Box 244157
Principal office address of limited liability company: Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Wellington Fla 33414 Atlanta Ga 30324

3. 9.25.12 4. L12000122590
Date of filing/registration in Florida Document number

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

12160 Sunnydale Dr
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
Wellington FL 33414

(b) William I. Wedge Esq.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Wedge Associates, LLC
NEW Registered Office Address:
12180 South Shore Blvd, Suite 101 A
Wellington FL 33414

16 JUN 28 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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] Daragh Keny
Signature of a member or authorized representative of a 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.

William Wedge
Signature of Registered Agent