(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
(D.)	in an Entity Name	
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: ELEVEN OCEAN OAKS, LL	.C						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.					
	_	-					
Please return all correspondence concerning this	s matter to the	tollowing:					
Anthony Varrone							
Name of Person		<del></del> .					
		·					
Vacation Rental Pros Property Manage	ment, LLC						
Firm/Company							
200 Executive Way, Suite 200							
Address		<del></del>					
Ponte Vedra, Florida 32082							
: City/State and Zip Code		<del></del>					
Anthony@vrpros.emailcenterpro.com							
E-mail address: (to be used for future ann	ual report notif	ication)					
For further information concerning this matter,	please call:						
Anthony Varrone	904 at (	385-3888 x 7067					
Name of Person		Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:		MAILING ADDRESS:					
Registration Section Division of Corporations	Registration Section Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
Enclosed is a check for the following	amount:						
□ \$25 Filing Fee	□ s:	55 Filing Fee & Certified Copy					
INHS18 (2/14)							

## 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. Ni	ame of the limited liability company: ELEVEN OCE	AN O	AKS, LLC			
2. (a)						
₩. (W)	Principal office address of limited liability company:	•••		Mailing address of lim		
	(Note: MUST BE STREET ADDRESS) 200 Executive Way, Suite 200		(Note: MAY BE POST OFFICE BOX)  200 Executive Way, Suite 200			
	Ponte Vedra, Florida 32082	_	Ponte V	/edra, Florida 3	2082	
	October 15, 2012		L120001	31000		
3.	Date of filing/registration in Florida	4.		Document numb	er	
5. (a)	McClure Bloodworth, P.L.					
J. (a,	Registered Agent and Registered Office shown on the records of t	he Floric	la Dept. of Sta	le:		
	81 King Street, Suite A, St. Augustine, Florid	la 320	84			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(3)</u>	_	24	
						5
					100 100 100	)EC
	, FL			<del>-</del>	SSE	Co prom
(b)	STEPHEN MILO				100	
(5)	Enter name of NEW Registered Agent and/or NEW Registered	Office p	ddress:	<del>_</del>	77.5	BO
	200 Executive Way, Suite 200, Ponte Vedra	, Flori	da 32082		RIO,	Res Res Res
	NEW Registered Office Address;				-14-5	
		<del></del>				
	, F1.			<del></del>		
the chagent was/w the arr	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attraction of the operating agreement of the early accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address and in writing of this change.	the regability of the lift inited	pistered office company, it mited liability correction this control of the contro	te and the business is hereby confirmed ty company or as ompany.  MILO, Managing  Printed or typed national control of typ	s office of the death the	the registered change(s) provided in
	rely reflect a change in the registered office address of the change.  The control of the change of the change of Registered Agent	iereby <b>9</b>	confirm thai	t the limited Tiahili	ity company	r has bëen