L1300003/502

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(Only, State) Liph Hone ",					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Oconee Property Management, 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:

Kristy Branch Banks

Name of Person

Kristy Branch Banks, PA

Firm/Company

171 U.S. Hwy.98 W, Ste. A

Address

Eastpoint, FL 32328

City/State and Zip Code

info@kbblawfl.com

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

For further information concerning this matter, please call:

Kristy Branch Banks

...850

670-1255

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

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.	Nar	me of the limited liability company: Oconee Property Manag	ement, LLC		
2	(a)	Principal office address of limited liability company: 37 E. Pine Street			
	(4)	(Note: MUST BE STREET ADDRESS)	St. George Island, FL 32328	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·			
	(h)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 2966		
	(0)		Loganville, GA 30052		
Ma	rch 1, 3	2013	L13000031502		
			J. Document number		
		o or many regionation in Florida	. Document named		
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept.	of State:	
		Davistand Ament	Obdo Farra		
		Registered Agent:	Chris Fagan		
		Registered Office Address:	37 E. Pine Street		
		•	St. George Island, FL 32328		
				······································	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Kristy Branch Banks		
		NEW Registered Office Address:	171 US HWY 98 W, Suite A		
		(MUST BE FLORIDA STREET ADDRESS)		EI	
			Eastpoint	FL 32328	
and lia the the	nfirn d the bilit e me e ope	imited liability company is not organized under the land that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the regist cal. Or, in the case of a Florida	ered office limited	
Pri	nted o	or typed name of signee		#11:4 #11:4	
I I cor and Ch ad	herei mply d I a apte ares	by accept the appointment as registered agent and age with the provisions of all statutes relative to the proming of familiar with and accept the obligations of my pos or 608, F,S. Or, if this document is being filed to mer s, I hereby confirm that the limited liability company	ree to act in this capacity. I fu per and complete performance ition as registered agent as pro ely reflect a change in the regis has been notified in writing of	rther agree to of my duties, wided for in stered office this change.	
		e of Registered Agent			

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