(Re	equestor's Name)							
(Address)								
(Ac	ddress)							
(Ci	ity/State/Zip/Phone #)							
PICK-UP	WAIT MAIL							
(Bi	usiness Entity Name)							
(Document Number)								
Certified Copies	Certificates of Status							
Special Instructions to	Filing Officer:							
WECETVE OTHAY - 1 AM 9: LG	ALLAHASSEE, IT ORIDA							

Office Use Only



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## COVER LETTER

1; ;<sub>1</sub>

Division of Corporations			
	C Hills S	Square 11 C	) <u> </u>
	I Limited Liaon	iby Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee	(s) are submitted for fi	iling.
Please return all correspondence concerning this m	natter to the follo	owing:	
Charlotte Tilley			
Name of Person			
Law Office of Michael Tilley			2911 NAY - SECRETAR TALLAHASI
Firm/Company			ARE TO MAY
128 Wilderness Cay			-1 P
Address			11S.1
Naples FL 34114			RION I
City/State and Zip Code			
Mike@MRTilley.com			
E-mail address: (to be used for future annual	report notificat	tion)	
For further information concerning this matter, ple	ease call:		
Charlotte	561 at ()	392-5707	
Name of Person	A	Area Code & Daytime	Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regist Divisi P.O. E	tration Section ton of Corporations 30x 6327 nassee, Florida 32314	
Enclosed is a check for the following an	nount:		
■ \$25 Filing Fee	□ \$55 F	Filing Fee & Certified	Сору

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.

1. 1	Name of the limited liability company: Oakland Hills So	quare, l	LLC				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  UNOW (MARINA Gue. Sta 490	_ (b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	JN Landerdale FL 33309	<del>-</del> - ·					
	05/06/2013	1	L1300006	5843			
3.	Date of filing/registration in Florida	4.		Docum	nent num	ber	
5. (a	, INCORP SERVICES, LLC						
٥. (ر	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	::			
	17888 67Th Court North · Loxahatchee, FI 33470	) Us					
	Registered Office Address (MUST BE FLORIDA STREET AL						
	Loxahatchee, FL_	33	3470		±₁	_	
(b	/ <del></del>				SECR	H £103	
	Enter name of NEW Registered Agent and/or NEW Registered O	Mice add	iress:		HA	HAY	*******
	47000 07th Oasand North				SSE	1	_
	17888 67th Court North  NEW Registered Office Address:				m <sub>C</sub>	σ	137
	Loxahatchee, FL 33470				<b>108</b>	بې	•
	Loxahatchee, FL_	33	1470	.1			
the cl agent was/\	limited liability company is not organized under the laws range or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited liability.	he regist pility cou the limi	tered office mpany, it is ited liability ability com	and the hereby compound pany.	e busines	ss offic	e of the registered t the change(s)
Sign	nature of a member or authorized representative of a member		Mich	ALL Printed	or typed n	ame of	gnec Alla
I her provi the oi to me notifi	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete p blightions of my position as registered agent as provided tell reflect a change in the registered office address, I he ed in furiting of this dhange.	e to act erforma for in C ereby co	in this capa ince of my a hapter 605, nfirm that t	raitu i	l famelan .	annaa t	a comply with the
Sign	Jackie DeFilippis of Registered Agery	n beh	alf of In	Corp	Servi	ces,	Inc.
J	Division of Corporations • P.O. Bo			see, FI	L 32314		