Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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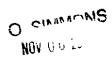
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To:	Division of Corporations	_				
	Fax Number : (850)617-638	3				
From:	Aggrest Nome DECICTEDED A	CENTS I	NC.			
	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081					
	Phone : (307)200-280 Fax Number : (855)330-101	3				
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annual	Address: LLC REGISTERED AGE OAK AND SHIELI Certificate of Status	NT CH	ANGE	sed for f please.**	KGV -5 PH 7:	

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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 compa	_{iny:} OAK AI	<u> 10 2H</u>	IELU	LLC	
2. (a	a) 3030 N ROCKY POINT	DR	(b	(b) 3030 N ROCKY POINT DR		
(Principal office address of limit (Note: MUST BE STRE		,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	STE 150 A			STE 15	50 A	
	TAMPA, FL 33607			TAMPA,	, FL 33607	
	01/13/2014			L140000	006229	
3.	Date of filing/registration	on in Florida	4.		Document number	
5. ((a) MARVIN L. BEAMAN, JR.,	, P.A.				
(Registered Agent and Registered Office	e:				
	*	605 N. WYMORE RD. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Registered Office Address [MOST	Registered Office Address (SIUST BE, FINKIDA STREET ADDRESS)				
			20700		- 5	
	WINTER PARK	,	FL 32789		-	
/1	Registered Agents	Registered Agents Inc.				
ţr	"/ 	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
3030 N. Rocky Point Dr.					- S P. 7:5	
	NEW Registered Office Address.				57	
	STE 150A				_	
	Tampa		FI 33607	7		
		`				
the cagen	change or changes are made, the Flo nt will be identical. Or, in the case	orida street address of a Florida limited vote of the membe	s of the regi: d liability co rs of the lim the limited l	stered offic ompany, it i lited liabilit liability cor	lorida, it is hereby confirmed that after re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
- c:	gnature of a member or authorized represen	tativa at a member	RIFE	ey Park	Printed or typed name of signee	
I he prov the o to motif	- greby accept the appointment as reg wisions of all statutas relative to the	pistered agent and proper and comple ered agent as prove ered office address	ete perform ided for in (, I hereby c	(1)11('(' 1)1)11V	pacity. I further agree to comply with the duties, and I am familiar with and acceps, F.S. Or, if this document is being filed the limited liability company has been	