## L140000 41462

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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SECRETARY OF STATE OF CORPORATIONS

C. LEVAS AUG 22 2014

## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	O: Registration Section Division of Corporations				
SUBJ	SUBJECT: WHITE OAKS CABIN, LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Paul	Richard Fussell				
	Name of Person				
White	e Oaks Cabin, LLC				
	Firm/Company		_		
4424	Foxwood Blvd.				
	Address		<del></del>		
Wes	ley Chapel, FL. 33543				
	City/State and Zip Code		<del></del>		
white	eoakscabin@comcast.net				
]	E-mail address: (to be used for future ann	ual report notif	ication)		
For fu	rther information concerning this matter,	, please call:			
Paul	Richard Fussell	813	598-4520		
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	<b>☑</b> \$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 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. Na	me of the limited liability company: WHITE OA	KS CABIN, L	LC	
2. (a)	White Oaks Cabin, LLC	(b)_W	Vhite Oaks Cabin, LLC	
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	4424 Foxwood Blvd.	44	424 Foxwood Blvd.	
	Wesley Chapel, FL. 33543	W	/esley Chapel, FL. 33543	
	March 12, 2014	L14	4000041462	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	United States Corporation Agents, Inc.			
J. (a)	Registered Agent and Registered Office shown on the records	s of the Florida Dept	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET  13302 Winding Oak Court	ET ADDRESS)		
	Tampa	FL 33612		
(b)	Paul Richard Fussell			
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address		
	White Oaks Cabin, LLC		1: 08	
	NEW Registered Office Address:		÷ 12°	
	4424 Foxwood Blvd.		<u>.</u>	
	Wesley Chapel	FL_33543		
the cha agent v was/we the arti	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of ture of a member or authorized representative of a member	s of the registere d liability compa rs of the limited the limited liabil	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
I here provisi the obl to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address din priting of this change.	agree to act in t	this capacity. I further agree to comply with the	

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

Signature of Registered Agent