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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	- · · · · · · · · · · · · · · · · · · ·
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TO HAR IS AM IO: 52

J. HARRIS

COVER LETTER

Division of Corporations				
SUBJECT: OAGBS, 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 m	natter to the following:			
Francis ljewere				
Name of Person				
Firm/Company				
819 Scenic Heights Drive				
Address	 			
Brandon, FL 33511				
City/State and Zip Code				
frij777@gmail.com				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, ple	ease call:			
Francis ljewere	813 3007626			
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			

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.	Name of the limited liability company: OAGBS, LLC	<u> </u>	
2. (a)	(b)	
(#	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	800 Gulf View Blvd, #606	819 Sc	enic Heights Drive
	Clearwater, FL 33767	Brando	n FL, 33511
	4/21/14	L140000	064440
3.	Date of filing/registration in Florida	4.	Document number
5. (a	United States Corporation Agents, Inc.		
J. (6	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET) 13302 Winging Oak Court, A	ADDRESS)	-
	Tampa F	33612	7 HAR
(b)	Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	OF SOME STATE
	NEW Registered Office Address:		_ %
	3030 N. Rocky Point Dr., STE 150A		
	, F	_L 33607	_
the cl agent was/v the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered office iability company, it of the limited liabili	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sig	astire of a member or authorized representative of a member		Printed or typed name of signee
provi the ol to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, lead in writing of this change.	ree to act in this cap e performance of my ed for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sions	Bill HavreAsst. Secretary		