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(Cit	ty/State/Zip/Phone	e #)					
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: June 13, 2017

Order#: 671284/045

Re: OAK LANE PARTNERS D1, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

	ame of the limited liability company: 4730 NW 2nd Avenue	OAK LANE PAR	(b)		IW 2nd Avenue			
2. (a) _.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (0)		Mailing address of lin	f limited liability company: E POST OFFICE BOX)		
	Suite 100			Suite 100)	 		
	Boca Raton F	L 33431		Boca Ra	ton, FL 33431			
	03/19/2015		_	L1500004	49706			
3.	Date of filing/registration in	n Florida	4.		Document numb	er		
5. (a)	Oak Lane Partners, LLC							
()	Registered Agent and Registered Office sho	wn on the records of th	he Florida I	Dept. of State	- e:			
	4730 NW 2nd Avenue							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	$\overline{\Sigma}_{G}$			
	Suite 100						7 J	L
	Boca Raton	, FL_	33431		. -	EIAR	SI NOF	or a michiga ghapha Mor
	Our and the Our test of Our					EE .	≥	
(b) ₋	Corporation Service Company Enter name of NEW Registered Agent and	or NEW Registered (Office add	ess:	.		AH .9:	
						ORIC	61:	
	1201 Hays Street) A	w	
	NEW Registered Office Address:				•			
					-			
	Tallahassee	, FL_	32301		-			
the cha agent was/w	imited liability company is not organ ange or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	street address of the street address of the limited liable of the members of	the regist bility cor f the limit	ered office npany, it is ed liability	e and the business s hereby confirme y company or as	s office o	of the rate char	registered nge(s)
a:	Jee & Coner		Jill Ci	lmi, Autho	rized Person			
_	ture of a member or authorized representative				Printed or typed na	_		*.1 .1
orovis the ob to mer	by accept the appointment as register ions of all statutes relative to the proligations of my position as registered ely reflect a change in the registered d in writing of this change.	ed agent and agre per and complete p agent as provided office address, I h	ee to act i performa I for in Ci eereby coi	n this cape nce of my e hapter 605 ifirm that	acity. I further a duties, and I am j i, F.S. Or, if this the limited liabili	gree to c familiar v documer ity compo	omply with a nt is be any ha	with the nd accept eing filed is been
Signati	Thore C.Ku are of Registered Agent Corporation Scr	Vice Company	BY: Gra	ace E. Kir	rby, Asst. Vice	Presiden	ıt	

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