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(Requestor's Name)						
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(Business Entity Name)						
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K. SALY EXAMINER

SEP -1 -

COVER LETTER

TO:	FO: Registration Section Division of Corporations					
SUBJI	Osceola Mitigation Partners	, LLC				
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to	the following:			
Rodn	ey A. Welty					
	Name of Person					
Oakb	rook Properties, Inc.					
	Firm/Company					
1600	E. Main St., Suite B					
	Address					
St. C	narles, IL 60174-4726					
	City/State and Zip Code					
rwelty	r@oakbrookco.com					
Ė	-mail address: (to be used for future ann	nual report r	notification)			
For fu	ther information concerning this matter,	, please call	:			
Rodn	ey Welty	at (630-549-3643			
	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			

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: Osceola Mitigation Partners, LLC					
2. (a)	24880 Burnt Pine Drive, Bldg 8	(b	SAME			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Bonita Springs, FL 34134	_ (, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		-				
	August 7, 2015		L1500013	35118		
3. 5. (a)	Date of filing/registration in Florida Madonna Cuddihy	4.		Document number		
·. (a)	Registered Agent and Registered Office shown on the records of the CT Corporation Systems	e Florida	Dept. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET AD 1200 South Pine Island Rd		2	- -		
	Plantation , FL 3	3324		ZOI6		
(b)	Ned E Dewhirst			2016 AUG 31 AM II		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> Oakbrook Properties, Inc.	ffice ad	dress:	SEF-FLORIGE OF STATE		
	NEW Registered Office Address:			- 26 CS		
	24880 Burnt Pine Drive, Bldg 8			•		
	Bonita Springs , FL 3	4134		_		
he cha agent v was/we	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	ne regist fility co the lim	stered office ompany, it is sited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
		Roo	dney Å. W	elty		
Signal	ure of a member or authorized representative of a member	····		Printed or typed name of signee		
provisi he obl o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point of my position as registered agent as provided polyreflect a chapse in the registered office address, I he fin writing of this change.	e to act erform for in (reby co	in this capt ance of my c Chapter 605 onfirm that	acity. 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		

Signature of Registered Agent