

L16000096976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

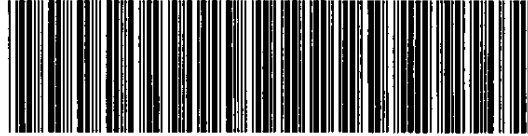
(Business Entity Name)

(Document Number)

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AUG 30 2016

S. YOUNG

16 AUG 29 AM 11:01

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oiloftrop, 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 matter to the following:

Kraig Carmickle

\_\_\_\_\_  
Name of Person

Oiloftrop, LLC.

\_\_\_\_\_  
Firm/Company

7750 Apple Tree Circle

\_\_\_\_\_  
Address

Orlando, FL 32819

\_\_\_\_\_  
City/State and Zip Code

KraigCarmickle1@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kraig Carmickle

at ( 480 )

353-9656

\_\_\_\_\_  
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

16 AUG 29 AM 11:01

**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: Oiloftrop, LLC.
2. (a) 7750 Apple Tree Circle  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Orlando, FL 32819
- (b) 7750 Apple Tree Circle  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Orlando, FL 32819
3. May 18, 2016  
Date of filing/registration in Florida
4. L16000096976  
Document number
5. (a) Kraig Carmickle  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Kendra Carmickle  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
311 Norfolk ST.  
Celebration, FL 34747
- (b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Office Address:  
7750 Apple Tree Circle  
Orlando, FL 32819

16 AUG 29 AM 11:01  
STATE OF FLORIDA  
DEPT. OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kraig Carmickle  
Signature of a member or authorized representative of a member

Kendra Carmickle  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent