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D. SCOTT DEC 1 9 2017

## **COVER LETTER**

SUBJECT:  Oak Vally Residential 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:  Derrick Richards  Name of Person  Oak Vally Residential LLC  Firm/Company  509 Falmouth Ave  Address  Merrit Island, FL 32952  City/State and Zip Code  Derrick_richards1@yahoo.com  E-mail address: (to be used for future annual report notification)		Registration Section				
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Firm/Company  509 Falmouth Ave Address  Merrit Island, FL 32952 City/State and Zip Code  Derrick_richards1@yahoo.com	Name of Person					
Firm/Company  509 Falmouth Ave Address  Merrit Island, FL 32952 City/State and Zip Code  Derrick_richards1@yahoo.com	October B. Charlette					
		-				
Address  Merrit Island, FL 32952  City/State and Zip Code  Derrick_richards1@yahoo.com	rittivCompany					
Address  Merrit Island, FL 32952  City/State and Zip Code  Derrick_richards1@yahoo.com	500 Falmouth Avo					
Merrit Island, FL 32952 City/State and Zip Code  Derrick_richards1@yahoo.com		<del></del>				
City/State and Zip Code  Derrick_richards1@yahoo.com	/ Your Coo					
City/State and Zip Code  Derrick_richards1@yahoo.com	Merrit Island FL 32952					
Derrick_richards1@yahoo.com		<del></del>				
	, , , , , , , , , , , , , , , , , , , ,					
F-mail address: (to be used for future annual report notification)						
13-mail address. (to be used for future annual report normeation)	E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, please call:	For further information concerning this matter, p	lease call:				
		5				
Derrick Richards at (+1 (321), 917-9698	Derrick Richards	at ( +1 (321), 917-9698				
		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:	STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Registration Section						
Division of Corporations Division of Corporations						
Clifton Building P.O. Box 6327	Clifton Building					
2661 Executive Center Circle Tallahassee, Florida 32314		Tallahassee, Florida 32314				
Tallahassee, Florida 32301	Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
□ \$25 Filing Fee	□ \$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.

I. Na	me of the limited liability company:Oak Vall	y Reside	ential LLC
2. (a)	509 Falmouth Ave, Merrit Island,FL 32952	(b) _	509 Falmouth Ave, Merrit Island,FL 32952
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	· · · · · <del>-</del>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		- - –	
	4-10-2017		L17000081778
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Leonard Weaver III		
, ,	Registered Agent and Registered Office shown on the records of the	: Florida De	ept. of State:
	11700 nw 20th court, Plantation , FL 33323	3	
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	<del> </del>
	11700 NW 20th Court		
	Plantation	3332	23
	· · · · · · · · · · · · · · · · · · ·		
(b)	Derrick Richards		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice addre	<u>ss</u> :
	509 Falmouth Ave, Merrit Island,FL 329	52	-
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	509 Falmouth Ave		
	000 / 0111100(11//40		
	Merrit Island	32952	•
	Merrit IslandFL_	02002	
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the laws unge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable	ne register ility comp the limite mited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the ob- to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he d in writing of this change.	e to act in erformand for in Cha reby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed irm that the limited liability company has been