

4/10/2018

From Larson Accounting 1.321.888.4919 Tue Apr 10 10:12:54 2018 MDT Page 1 of 3
Division of Corporations

L180001128713
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: consulting@larsonacc.com

2018 APR 10 P 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LLC REGISTERED AGENT CHANGE
OAKLAND AMERICA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OAKLAND AMERICA 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING AND CONSULTING SVS

Firm/Company

7901 KINGSPORTE PKWY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

consulting@larsonacc.com

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

For further information concerning this matter, please call:

RODRIGO AVILA DE CARVALHO at (407) 777-7460
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

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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: OAKLAND AMERICA LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

15217 SHONAN GOLD DR.

WINTER GARDEN, FL 34787

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

15217 SHONAN GOLD DR.

WINTER GARDEN, FL 34787

01/08/2018

18000007309

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ACCOUNTINGALLY, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

312 SE 17TH STREET STE. 301

FT. LAUDERDALE, FL 33316

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

LARSON ACCOUNTING AND CONSULTING SERVICES

NEW Registered Office Address:

7901 KINGSPONTE PKWY STE 17

ORLANDO, FL 32819

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.

[Signature]
Signature of a member or authorized representative of a member

RODRIGO A. DE CARVALHO

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

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TALLAHASSEE, FLORIDA
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