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Division of Corporations
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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
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**LLC REGISTERED AGENT CHANGE
OLIVER MOY LLC**

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

2023 MAR -3 AM 9:49

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: OLIVER MOY LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

1202 SW 17th St., 201-117

209 East 31st Street C/O MAI

Ocala, Florida 34471

New York, New York 10016

2/7/2019

L19000039003

3. Date of filing/registration in Florida

4. Document number

5. (a) BURKE, BENJAMIN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

209 NE 36TH AVE.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

OCALA, FL 34470

(b) eResidentAgent, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

801 US Highway 1

NEW Registered Office Address:

North Palm Beach, FL 33408

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 of a member or authorized representative of a member

Erika A. Easter, Authorized Person

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 of Registered Agent

Erika Easter, Authorized Person

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00