

L19000188616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

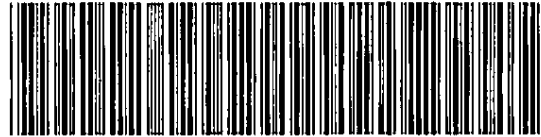
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/11

Office Use Only



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07/24/20--01032--028 **35.00

RECEIVED

JUL 21 2020

FILED

2020 OCT -11 A 10:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

LCC
RACH
10/12/20
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 SEP - 12:59

September 2, 2020

JAMES F. STONESTREET
1415 GROVE TERRACE
WINTER PARK, FL 32789

SUBJECT: OAKVIEW PRESERVE LLC
Ref. Number: L19000188616

We have received your document for OAKVIEW PRESERVE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 820A00016878

* previous \$35.00
CK # 3272 dated 7-16-2020 HAS BEEN
CASHED 7-24-20 - Wachovia Bank NA

* new check enclosed: Dated 9-29-2020
CK # 3132 \$25.00 (as per enclosed
instructions)

my cell 407-718-5034

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OAKVIEW PRESERVE, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES F. STONESTREET
Name of Person

OAKVIEW PRESERVE, LLC
Firm/Company

1415 GROVE TERRACE
Address

WINTER PARK, FL 32789
City/State and Zip Code

JSTONESTREET@CFL.NA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES F. STONESTREET at (407) 718-5034 (cell)
Name of Person Area Code & Daytime Telephone Number

Street Address:

**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: OAKVIEW PRESERVE, LLC

2. (a) 1415 GROVE TERRACE (b) SAME

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

WINTER PARK, FL 32789

3. 07/23/2019 4. L19000188616
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents, Inc.

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

5575 S. Semoran Blvd.

Registered Office Address ~~(MUST BE FLORIDA STREET ADDRESS)~~

Ste. 36

Orlando, FL 32822

(b)

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

JAMES F. STONESTREET

NEW Registered Office Address:

1415 GROVE TERRACE

WINTER PARK, FL 32789

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.

James F. Stonestreet

Signature of a member or authorized representative of a member

JAMES F. STONESTREET

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.

James F. Stonestreet

Signature of Registered Agent

Q 3132 9-29-20