## L20000011557

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

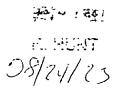




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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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: <u>OK FLOO</u>	RING LLC
2. (a) 10) 86 JOHN CANDOLPH DC  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 10 786 JOHN CANDOLPH BC  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
JACKSONVILLE, FL 3225)	JACKSONVILL FL
	32.25)
0116/2020	L 2 00000 11557
3. Date of filing/registration in Florida	4. Document number
5. (a) KELLY CRISTINA DA SILVA OLI Registered Agent and Registered Office shown on the records of the I  10) X6 JOHN CANDOL! H DR  Registered Office Address <u>AUST BE FLORIDA STREET ADI</u>	Florida Dept. of State:
TACKSONVILLE FL  (b) CAFAEL RODRIGO DOS SANTI  Enter name of NEW Registered Agent and/or NEW Registered Off	S OUIVEIRA PROJECT
10786 JOHN RANDULPH DR NEW Registered Office Address:	PHI2: 40
JACK CONVILUE FL	32757
If the limited liability company is not organized under the laws of change or changes are made, the Florida street address of the reg agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the the articles of organization or the operating agreement of the liming agreement of a member of the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I here notified in writing of this change.  Signature backgistered Agent	istered office and the business office of the registered ity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in ited liability company.

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: OK FLODRING LLC		
Name of Limited Lia	ability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and f	fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fe	ollowing:	
KELLY CRISTINA DA SILUA ( Name of Person	4213V1J <u>C</u>	
OK (COCASE LLC  Firm/Company		
10786 JOHN FANDUFH DR Address		
JACKSONVILLE FL 3225) City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
KELLY OLIVE IRA at ( S61 Name of Person	) 139305 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

☐ \$55 Filing Fee & Certified Copy

DIVISION OF COM GEAT

INHS18 (2/14)

<sup>□</sup> \$25 Filing Fee

Enclosed is a check for the following amount: