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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010 2020 JUN 17 PH 1: 0L

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

Email Address:	

LLC REGISTERED AGENT CHANGE OAKSIDE INVESTMENTS LLC

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Page Count	02
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O SIMMONS

JUN 18 2020

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. N	ame of the limited liability company: O	akside Inves	tments	S LLC	
2. (a)	9688 SW 98TH AVE.	(b)	9688 S'	W 98TH AVE.	
_, (,	Principal office address of limited liability (Note: MUST BE STREET ADDR	=	, N	failing address of limited I (Note: MAY BE POST O	· ·
	GAINESVILLE, FL 32608		GAINES	VILLE, FL 32608	
	05/22/2020	l	_200001	.40902	
3.	Date of filing/registration in Flo	rida 4.		Document number	
5. (a)	UNITED STATES CORPORATIO	N 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 FLORI	<u>DA STREET ADDRESS)</u>			
	36				2021
	ORLANDO	_{, FL} 32822			2020 JUN 17
		1 · · · ·	****		
(b)	Registered Agents Inc.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office add	l <u>ress</u> :		PH
	7901 4th St N				1: 04
	NEW Registered Office Address.				4.
	STE 300				
	St. Petersburg	, _{FL} 33702			
the ch agent was/w	limited liability company is not organized ange or changes are made, the Florida strewill be identical. Or, in the case of a Florigere authorized by an affirmative vote of the ticles of organization or the operating agree	under the laws of the et address of the regis da limited liability co e members of the limi	State of Flo tered office mpany, it is ited liability	and the business officher hereby confirmed that company or as other	ce of the registered it the change(s)
-R	ilem Tark.		y Park		
_	ature of a member or authorized representative of a r			Printed or typed name of	
provis the ob to mer	reby accept the appointment as registered a cions of all statutes relative to the proper a digations of my position as registered agencies reflect a change in the registered officing writing of this change. Bill Havre	gent and agree to act nd complete performa n as provided for in C e address, I hereby co - Assistant Secret	ince of my o Thapter 605, infirm that t	icity. I further agree luties, and I am famili , F.S. Or, if this docu he limited liability co	to comply with the iar with and accept ment is being filed mpany has been
Signati	ure of Registered Agent				