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(Requestor's Name)		
(Address)	60039548	
(Address) (City/State/Zip/Phone #)	200 g 600 c	
PICK-UP WAIT MAIL		
(Business Entity Name)	ĬĀLĿ	
(Document Number)	:	
Certified Copies Certificates of Status	. F L OR!U A	
Special Instructions to Filing Officer:		
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

CONTACT PERSON: Eyliena Baker -- EXT#

CERTIFIED COPY
XX PLAIN STAMPED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

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.

l. N	laine of the limited liability company: OXFORD TITE	LE AGENC	CY, LLC		
2. (a)	15400 US Highway 301		15400 US Highway 301		
£. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited (Note: MAY BE POST		
	Summerfield, FL 34491		Summerfield, FL 34491		
	07/13/2020		L20000197623		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of MERRIAM, KIMBER Registered Office Address (MUST BE FLORIDA STREET) 15400 US Highway 301	(ADDRESS)	<u> </u>	2022 OCT -6	
(b)	Summerfield , F Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company		dress:	-6 PM 1:08	
	NEW Registered Office Address:	<u>.</u>			
	1201 Hays Street				
	Tallahassee, F	L			
change agent v was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered iability com of the limit	d office and the business office of npany, it is hereby confirmed tha ted liability company or as othery	the registered	
	Kimber Merriam	Kimbe	er Merriam, Authorized Person		
-	ture of a member or authorized representative of a member		Printed or typed name of s	~	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.			o comply with the or with and accept tent is being filed opany has been	
Signatur	Unace CKWOL	Grace	e E. Kirby, Asst. Vice President		
DIEMORA	ne or regulered regilt				