Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000271425 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:_____

LLC REGISTERED AGENT CHANGE OAKHEARST INVESTMENT HOLDINGS, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help



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.

	me of the limited liability company: OAKT 7901 4th St N STE 300		/ L	. 7901 4	4th St N STE 300
ı)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:	(b _.	, 1301	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
	St. Petersburg FL 33702			St. Pete	ersburg FL 33702
	10/19/20			L20000	0331715
	Date of filing/registration in Florida	4.			Document number
	BRIEN V SQUIRES				
(a)					- -
a)	Registered Agent and Registered Office shown on the re	cords of the Flo	rida	Dept. of St	ate:
(a)	Registered Agent and Registered Office shown on the re 10443 LAGUNA PLAINS DRIVE		orida 	Dept. of St	ate:
(a)	-	- <u>-</u>			ate:
(a)	10443 LAGUNA PLAINS DRIVE	- <u>-</u>	ESS	<u> </u>	ate:
	10443 LAGUNA PLAINS DRIVE Registered Office Address (MUST BE FLORIDA S	TREET ADDR	ESS 578	<u> </u>	ate:
(a) (b)	10443 LAGUNA PLAINS DRIVE Registered Office Address (MUST BE FLORIDA S RIVERVIEW	TREET ADDR FL_335 ent LLC	ESS 578	3	ate:
	10443 LAGUNA PLAINS DRIVE Registered Office Address (MUST BE FLORIDA S RIVERVIEW Northwest Registered Age	TREET ADDR FL_335 ent LLC	ESS 578	3	21 J
	Registered Office Address (MUST BE FLORIDA S RIVERVIEW Northwest Registered Agent and/or NEW Registered Agent Agen	TREET ADDR FL_335 ent LLC	ESS 578	3	21 J
	Registered Office Address (MUST BE FLORIDA S RIVERVIEW Northwest Registered Agent and/or NEW R 7901 4th St N	TREET ADDR FL_335 ent LLC	ESS 578	3	- 21

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.

Morgan Noble Signature of member or authorized representative of a member 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.

OVER TOWN Glover - Assistant Secretary

Signature of Registered Agent