L2/000057354

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

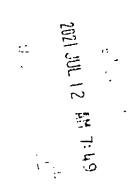
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C Kinses

COVER LETTER

	istration Section sion of Corporations	·			
SUBJECT:	Oaks Valley Financial Services LLC				
Sobster.	Name of Limite	d Liability Company			
Dear Sir or N	Madam:				
The enclosed	Registered Agent/Registered Office Change	and fee(s) are submitted for filing.			
Please return	all correspondence concerning this matter to	the following:			
Oscar Culari					
	Name of Person				
Oaks Valley	Financial Services LLC				
	Firm/Company				
1395 BRICK	ELL AVE. Suite 800				
	Address				
Miami FL 33	131				
	City/State and Zip Code				
oculari@oaks	svalleyfs.com	•			
E-mail	address: (to be used for future annual report n	otification)			
For further in	nformation concerning this matter, please call:				
Robert Layto	n 954 at (6095055			
	Name of Person	Area Code & Daytime Telephone Number			
Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	losed is a check for the following amount:	\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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: Oaks Valley Fina	ncial Service	es LLC		
2. (a	1395 Brickell Ave	(b)	(b) 1395 Brickell Ave		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	-	ss of limited liability company: Y BE POST OFFICE BOX)	
	Suite 800	5	Suite 800		
	Miami Fl 33131		Miami Fl 33131		
	02/01/2021	L	21000057354		
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a	LIBSCOR ASSOCIATES INC.				
J. (Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			202	
	13762 W STATE ROAD 84			-	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			021 JUL 12	
	Suite 603				
	Fort Lauderdale	33312			
	FL				
(b	Oscar Culari				
,	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u> </u>		
	1395 Brickell Ave				
	NEW Registered Office Address:				
	Suite 800				
		_	 		
	Miami . FL	33131			
chang agent was/v the a	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of ganization or the operating agreement of the	registered of the limite of the limite	office and the busine bany, it is hereby cond liability company willty company. Culari	ess office of the registered afirmed that the change(s) or as otherwise provided in	
Sign	nature of a member or authorized representative of a member		Printed or ty	ped name of signee	
provi the o to me notifi	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	performanc	e of my duties, and i	l am familiar with and accept	
Signa	ture of Registered Agent				