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|---|--|--|--|--|
| (Requestor's Name)                      |  |  |  |  |
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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## COVER LETTER

| TO: Registration Section Division of Corporations  |  |  |
|--|--|--|
| SUBJECT: Live Oak Greens, LLC  |  |  |
| Name of Limit  | ed Liability Company   |  |
| Dear Sir or 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:   |  |
| William Kyle Dubberly  |  |  |
| Name of Person   |  |  |
| Live Oak Greens, LLC   |  |  |
| Firm/Company   |  |  |
| 320 Braddock Rd  |  |  |
| Address  |  |  |
| Pierson, FL 32180  |  |  |
| City/State and Zip Code  |  |  |
| cjtj1938@att.net   |  |  |
| E-mail address: (to be used for future annual report   | notification)  |  |
| For further information concerning this matter, please cal   | l:   |  |
| Name of Person at (3   | 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 |  |
| Enclosed is a check for the following amount:  | Tallahassee, FL 32303  |  |
| 🔀 \$25 Filing Fee  | \$55 Filing Fee & Certified Copy   |  |

## 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: Live Oak Greens  | , LLC  |   |
|--|--|--|---|
| 2. (a)                                 | 320 Braddock Rd, Pierson, FL 32180   | (b) PO Box 132, Pierson, FL 32180  |   |
| <b>-</b> . (u)                         | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
| 3.                                     | 05/10/2022  Date of filing/registration in Florida   | 1.22000  | 251671<br>Document number   |
| 5. (a)                                 |  |  |   |
|  | Registered Agent and Registered Office shown on the records of William Kyle Dubberly   | the Florida Dept, of   | State:  |
|  | <u> </u>   |  |   |
|  | 320 Braddock Rd  |  |   |
|  | Pierson, FI  | 32180  |   |
| (b)                                    | Enter name of NEW Registered Agent and/or NEW Registered Office address:   |  | FILED 2023 DEC 15 PH 3 SEC 15 PH 3  |
|  | C. Frank Jones  NEW Registered Office Address:   |  | — Erg 4 0   |
|  | 386 W. Washington Ave.   |  | 3: LE   |
|  | Pierson FL   | 32180  |   |
| changagent was/w                       | limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | registered office<br>ability company,<br>of the limited lial               | e and the business office of the registered<br>it is hereby confirmed that the change(s)<br>bility company or as otherwise provided in<br>company.  |
| Signi                                  | iture of a member or authorized representative of a member   |  | Printed or typed name of signee   |
| provis<br>the ob-<br>to mer<br>notifie | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide lively reflect a change in the registered office address. It is writing of this change.                               | ree to act in this of performance of a differ in Chapter hereby confirm to | capacity. I further agree to comply with the<br>my duties, and I am familiar with and accept<br>605, F.S. Or, if this document is being filed<br>hat the limited liability company has been |
| /                                      | · · · · · · · · · · · · · · · · · · ·  |  |   |