

L22000505013

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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October 30, 2023

BY FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company
Oakfield Insurance, LLC

Dear Sir or Madam,

Please find attached for filing, a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, for our client, Oakfield Insurance, LLC. Also enclosed is a check in the amount of \$25 for payment of the filing fee.

Please forward all inquiries in connection with these filings to: 3H Corporate Services, LLC, 36 Long Alley, Saratoga Springs, New York, 12866 Attn: Natalie White. Please do not hesitate to contact me at (518) 583-0639 Ext. 128 or sosfilings@3hcs.com if you have any questions.

Best regards.

A handwritten signature in cursive script, appearing to read 'Natalie White'.

Natalie White
Corporate Compliance Paralegal

Attachments

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OAKFIELD INSURANCE, LLC

Name of Limited 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:

Kevin Kennedy

Name of Person

3H Corporate Services, LLC

Firm/Company

36 Long Alley

Address

Saratoga Springs, NY 12866

City/State and Zip Code

sosfilings@3hcs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Kennedy

518

583-0639 x 133

at (_____) _____

Name of Person

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
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$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. Name of the limited liability company: OAKFIELD INSURANCE, LLC

2. (a) 2699 LEE ROAD (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SUITE 600

WINTER PARK, FL 32789

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

11/09/2022

1.22000505013

3. Date of filing/registration in Florida

4. Document number

5. (a) REGISTERED AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4TH ST. N.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

SUITE 300

ST. PETERSBURG, FL 33702

(b) 3H Agent Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

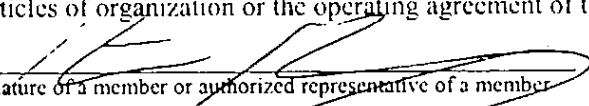
1415 Panther Lane, Suite 327

NEW Registered Office Address:

Naples, FL 34109

FILED
2023 NOV - 1 AM 10:20
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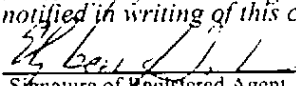
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.


Signature of a member or authorized representative of a member

Kevin Kennedy

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.

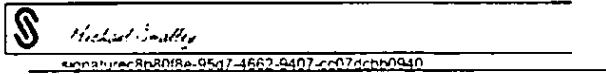

Signature of Registered Agent

OAKFIELD INSURANCE, LLC
REVOCABLE POWER OF ATTORNEY

Oakfield Insurance, LLC (herein referred to as the "Company") gives Gary T. Harker, Esq., Darrell T. Belch, Esq., Kevin Kennedy, and Natalie White of 3H Corporate Services, LLC ("3H"), the power to sign on its behalf any and all annual reports and periodic updates including, but not limited to, address changes and Member and Manager changes that must be filed by the Company with the Secretary of State, Department of Insurance, and/or Department of Taxation (or analogous state offices thereof) of any jurisdiction in which the Company is authorized to do business, provided that Messrs. Harker, Belch, Kennedy, and Ms. White of 3H will only use information provided to them by the Company to make such filings.

Subject to the foregoing, each grant of powers contained herein is to be considered permanent and continuous unless and until revoked in writing by a Manager/Member or Manager/Member Resolution, as applicable.

Date: 10/13/2023 _____

A rectangular box containing a stylized 'S' logo on the left and a handwritten signature 'Michael Smalley' in the center. Below the signature, there is a line of small, illegible text.

Name: Michael Smalley

Title: Agency Manager