To

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.

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Division of Corporations

Fax Number : (850)617-6383

## From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

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

## LLC REGISTERED AGENT CHANGE

## OAS DESIGNS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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Help

To:

**COVER LETTER** 

TO: Registration Section Division of Corporations

OAS DESIGNS 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:

Cheyenne Moseley
Name of Person
Legalzoom.com, Inc.
Firm/Company
101 N. Brand Blvd., 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
opey_smith@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Cheyenne Moseley

773-0888 ext 9724 800

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

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. Na	one of the limited liability company: OAS DESIGNS	SLLC						
2. (a)	465 OVERSTREET AVE.	(b)	465 OV	ERSTREET	AVE.			
£. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (=,		lailing address of (Note: MAY B)		•		<i>y</i> :
	LONGWOOD, FL 32750	-	LONGW	OOD, FL 32	750			
	04/14/2023	<b>-</b> 	_2300018	36220				
3.	Date of filing/registration in Florida	4.		Document nur	nber			
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.						
· (,	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.  Registered Office Address (MUST BE FLORIDA STREET AL			:				
	JACKSONVILLE , FL 3	32202						
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Mice add	ress:				2023	
	465 OVERSTREET AVE.						ый £2	
	NEW Registered Office Address:						6	;
						•	PH	c."
	LONGWOOD FL3	32750	~~~			- =·:	1: 25	
the cha agent was/we the arti- Sign! I here provisi the obli to metification	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and the identical of the interest of the members of cles of organization or the operating agreement of the liability and the liability accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete project in the position as registered agent as provided the writing of this change.	he regis bility con the limi imited li Ope	nered office npany, it is ted liability ability com y Smith	and the busing the hereby confirm to company or a spany.  Printed or typed specify. I further luties and I are	ess office med that is otherw name of si agree to n familia	the classe programmer with	that aft ne regis hange( rovided	stered s) l in