(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(Cit	ty/State/Zip/Phone #)			
PiCK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				
	J. HORNE			
	JAN - 5 2023			

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/	/04/2024				
Name:	CHRIS				
Reference #:	2233022	<u> </u>			
Entity Name: MB THE OAKS LLC					
_	f Incorporation/Authorizat	on to Transact Business			
☐ Amendme					
	_				
Conversion	on				
☐ Merger					
☐ Dissolutio	on∕WithdrawaI				
Fictitious	Name				
Other					
Authorized Amou	unt: \$25.00				



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Account#: 120000000088

Date:01/	04/2024	
Name:		
Reference #:	2233022	
		THE OAKS LLC
Articles of	Incorporation/Authoriza	tion to Transact Business
☐ Amendme	ent	
Change o	f Agent	
Reinstate	ment	
Conversion	วก	
Merger		
☐ Dissolutio	n/Withdrawal	
Fictitious	Name	
Other		
Authorized Amou	int: \$25.00	

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 2. (a)	me of the limited liability company:				
(u)		((b) 107 HITH STREET E.		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	.,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ST. PETERSBURG. FL 33715		ST. PETI	ERSBURG, FL 33715	
	05/24/2023	_	L2300025	5410	
3. 5. (a)	Date of filing/registration in Florida BALARD, LAURA LEFEBVRE	4.		Document number	
(a)	Registered Agent and Registered Office shown on the records of a 150 WEST FLAGLER STREET	the Floric	a Dept. of Sta	±° 23	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 22(0)	1 <i>DDRES</i>	<u>(S)</u>	JAN-4 AM	
	MIAMI, FL	33130		<u> </u>	
(b)	COGENCY GLOBAL INC.			9: 24 [CRID	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	- *	
	115 N.CALHOUN STREET				
	NEW Registered Office Address: STE 4			-	
	TALLAHASSEE, FL	32301		_	
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility c f the lir	ed office ar ompany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Mich	ure of a member or authorized representative of a member	<u>M1</u>	CHAEL AR	MAN Printed or typed name of signee	
I herek provisie the obli to mere notified	are of a member of authorized representative of a member by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change.	ee to ac perforn I for in vereby c	t in this cap ance of my Chapter 60; onfirm that	racity. I further agree to comply with the	