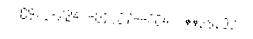
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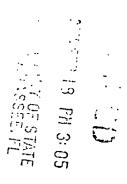
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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Special Instructions to Filing Officer:				
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09/18/24

COVER LETTER

Division of Corporations	
Oakwood Capital Accounting & Tax Adviso	ors LLC
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Leonard Titone MBA, CPA	
Name of Person	·····
Oakwood Capital Accounting & Tax Advisors LLC	
Firm/Company	
12995 S Cleveland Ave Ste 140	·
Address	
Fort Myers, FL 33907	
City/State and Zip Code	
rdstull@oakwoodcp.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
Leonard Titone	855 740-1040
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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 amou	nt:
■ \$25 Filing Fee	☐ \$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.	Na	me of the limited liability company: Oakwood Capital	Accoun	ting & Tax Ad	visors LLC
2.	(a)			(b)	
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		12995 S Cleveland Ave Stc 160		12995 S Clo	eveland Ave Ste 160
		Fort Myers, FL 33907		Fort Myers,	, FL 33907
		09/08/2023		L230004205	26
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
		Registered Agent and Registered Office shown on the records of		da Dept. of State	
	·	Oakwood Capital Accounting & Tax Advisors LLC			,
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		12995 S Cleveland Ave Ste 160			
		Fort Myers	L	•	•
		,,,,	Ľ	==	
	(b)				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	iddress:	
		Leonard Titone MBA, CPA			
		NEW Registered Office Address:		*	€ Co ~
		12995 S Cleveland Ave Ste 160			
		Fort Myers	L 33907		## 3: 05
				•	
ch ag wa	ange ent v is/we	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members igles of organization or the operating agreement of the	e registe ability of of the li	red office and company, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
,	X	sonard Titore Prisident	Le	onard Titone M	1BA, CPA
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
I protection	herei ovisi e obl mere tified	by accept the appointment as registered agent and ageons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I din writing of this change.	ree to ac performed for in hereby	ct in this capa nance of my d Chapter 605, confirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
<u> </u>	mar	re of Degreered & gent			