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ACCOUNT NO. : 12000000195

REFERENCE : 061670

06**164**0 / 7232314

AUTHORIZATION :

ORIZATION:

COST LIMIT : \$ 25.00

ORDER DATE: January 16, 2012

ORDER TIME: 12:36 PM

ORDER NO. : 061640-321

CUSTOMER NO: 7232314

CHANGE OF AGENT

NAME: OAKHURST GP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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Dept. of State:
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, it is hereby confirmed office and the business bility company, it is e members of the limited ting agreement of the
I further agree to ance of my duties, and I vided for in Chapter 608, ice address, I hereby

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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