

M06000002481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

m06-2481

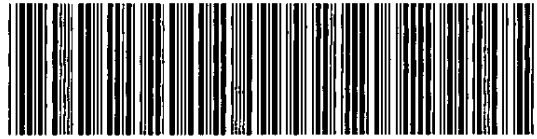
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500156391775

06/08/09--01046--007 \*\*35.00

FILED

09 JUL -8 PM12:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Collins JUL -8 2009

June 3, 2009

**VIA US REGULAR MAIL**

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **OXFORD GP SERVICES, LLC**

Dear Sir or Madam:

On behalf of the above-referenced entity, enclosed please find the following for filing with the Florida Secretary of State:

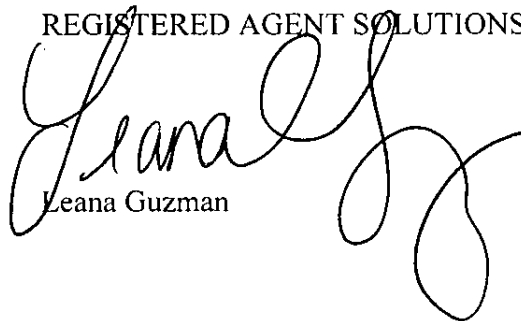
- 1 One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2 \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.



Leana Guzman



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2009

LEANA GUZMAN  
820 GESSNER  
SUITE 1000  
HOUSTON, TX 77024

SUBJECT: OXFORD GP SERVICES, LLC  
Ref. Number: M06000002481

We have received your document for OXFORD GP SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 109A00019282

**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.

1. Name of the limited liability company: OXFORD GP SERVICES, LLC

2. (a) Principal office address of limited liability company:

820 GESSNER



(Note: **MUST BE STREET ADDRESS**)

SUITE 1000

HOUSTON, TX 77024

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

05/03/2006

M06000002481

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.

**NEW Registered Office Address:**

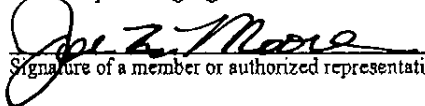
155 OFFICE PLAZA DR.

**(MUST BE FLORIDA STREET ADDRESS)**

SUITE A

TALLAHASSEE, FL 32301

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.

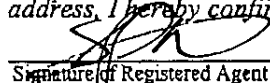


Signature of a member or authorized representative of a member

Joseph L. Moore

Printed or typed name of signer

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 608, 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

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

FILED  
09 JUL -8 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA