

MD80000004058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

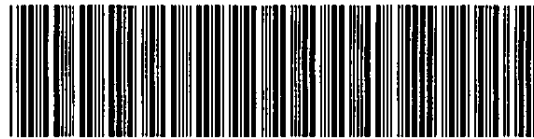
(Business/Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600160833336

09/21/09--01023--013 \*\*25.00

FILED  
09 SEP 21 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Orlan SEP 22 2009

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OAK RUN CAPITAL 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:

SCOTT A. RHODENIZER  
Name of Person

OAK RUN CAPITAL LLC  
Firm/Company

1111 BRICKELL AVENUE, STE 1124  
Address

MIAMI FL 33131  
City/State and Zip Code

INFO@OAKRUNCAPITAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIAN STUPKA at ( 786 ) 345-2100  
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 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: OAKRUN CAPITAL LLC  
2. (a) Principal office address of limited liability company: 1111 BRICKELL AVE., STE 1124  
☒ (Note: **MUST BE STREET ADDRESS**) MIAMI FL

(b) Mailing address of limited liability company:  
☐ (Note: **MAY BE POST OFFICE BOX**)

9/5/08  
3. Date of filing/registration in Florida

M 0800000405  
4. Document number

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

Registered Agent:

SCOTT A. RHODENIZER

Registered Office Address:

8400 NW 36<sup>th</sup> ST. STE 220  
MIAMI FL 33166

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

**NEW Registered Agent:**

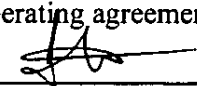
SCOTT A. RHODENIZER

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

1111 BRICKELL AVENUE STE 1124  
MIAMI  
FL 33131

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

MARIAN STUPKA  
Printed or typed name of signee

*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**