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(Re	questor's Name)	<u>-</u>		
(Ad	dress)			
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(Ad	dress)			
(Cit	y/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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17 JUN 15 AH II: 07 DIVISION OF CORPORATIONS

O SIMMONS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: June 13, 2017

Order#: 671284-055

Re: OAK LANE PARTNERS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: OAK LANE PAF	RTNERS.	S. LLC	_
2.	(a)	4730 NW 2nd Avenue	(þ)	b) 4730 NW 2nd Avenue	
	(/	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite 100		Suite 100	_
		Boca Raton FL 33431		Boca Raton, FL 33431	_
		06/04/2012	<u> </u>	M12000003154	
3.		Date of filing/registration in Florida	4.	Document number	
5	(a)	Shah, Bhavin			
`	•	Registered Agent and Registered Office shown on the records of t	the Florida	la Dept, of State:	
		4730 NW 2nd Avenue			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u>sa</u>	
		Suite 100		Ju T	1
		Boca Raton , PL.	33431	ISION OF CORROCKATION	=
	(b)	Corporation Service Company		H. H.	-
(1	(1)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		DIVISION OF CORE-CELLION	لسد
		1201 Hays Street		$\overline{\omega}$	
		NEW Registered Office Address:			
				·	
		Tallahassee , FL	32301	1	
the age wa the	cha ent w s/we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill 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	the registability confitted from the first the	istered office and the business office of the registere company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	:d
		ure of a member or authorized representative of a member	Jill C	Cilmi, Authorized Person	_
I l pre the to no.	ierel ovisi obli mere tifieo	ov accept the appointment as registered agent and agree on some of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper of this change. The of Registered Agent Corporation Service Company	performa Ufor in C iereby co	Printed or typed name of signee It in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and acce, Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been Grace E. Kirby, Asst. Vice President	e pt d
		,		•	