

Division of Corporations

Page 1 of 2

MISD-103
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DIVERSIFIED CORPORATE SERVICES, INT'L, INC.
Account Number : 120090000024
Phone : (519) 229-8228
Fax Number : (302) 371-9850

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Email Address: jerry@diversifiedcorp.com

**LLC REGISTERED AGENT CHANGE
OAK FLORIDA MANAGER, LLC**

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D. SCOTT

OCT 10 2017

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**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. Name of the limited liability company: OAK FLORIDA MANAGER, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
463 7TH AVENUE, SUITE 1301
NEW YORK, NEW YORK 10018

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

3. DECEMBER 03, 2015
Date of filing/registration in Florida

4. M15000009703
Document number

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

CAPITOL CORPORATE SERVICES, INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
515 EAST PARK AVENUE, 2ND FLOOR
TALLAHASSEE, FL 32301

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

DIVERSIFIED CORPORATE SERVICES INT'L, INC.
NEW Registered Office Address:
18560 NORTH BAY ROAD
SUNNY ISLES BEACH, FL 33160

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.

Lorne Lieberman, MGR
Signature of a member or authorized representative of a member

LORNE LIEBERMAN
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 603, 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] PRESIDENT
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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