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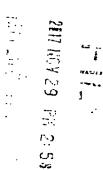
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL
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## **COVER LETTER**

Division of Corporations		
SUBJECT: Oak City Engin Name of Foreign	eering, PLLC Limited Liability Comp	C. LLC
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) are	re submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Jonathan M. Baker Name of Person		
Bak City Engineering	PLIC	
201 E. 18th St. Address		
Sanford, FL 32771 City/State and Zip Code		
Jbaker @ akcityergneer E-mail address: (to be used for future annual re		
For further information concerning this matter, p	lease call: at (919 ) <u>576</u>	. 1.693
Name of Person		te Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is a check for the following amount:  \$\begin{align*} \$25\$ Filing Fee & San Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

TO:

Registration Section

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Uak Lity Engineering, PUC, LLC
Enter new principal office address, if applicable:
(Principal office address  MUST BE A STREET ADDRESS)  Sunford, FL 52[]
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  201 E. 18 th St.  Surford, 92 32771-3804
2. The Florida document number of this limited liability company is: M16000004364
3. Jurisdiction of its organization:
4. Date authorized to do business in Florida: 05 31 16
5. New name of the limited liability company: Oak CI+y Engineering, PUC (must contain "Limited Liability Company, ""LUC." or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: 201 E 18 th St.
Sanford Enter Florida Street Address Florida 32771
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
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			Add	
	-	<del></del>	Remov	
			Add	
	_		Remove	
<del></del> —			Add	
	-		Remov	
aforementioned an	ficate, if required: no more than 90 days nendment(s), duly authenticated by the other law of which this entity is organized.	fficial having custody of recor	rds in the 29	
	Signature of the au	thorized representative	:: P.	
	Jonathan M.  Typed or printed no	ame of signee		

Filing Fee: \$25.00