

PDZ00009129Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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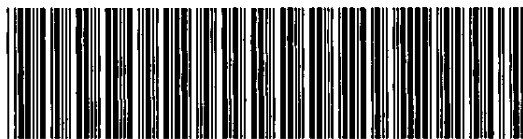
(Business Entity Name)

(Document Number)

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T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Live Oak Trust Inc
Name of Corporation

DOCUMENT NUMBER: P02000091292

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory Sullivan
Name of Contact Person

Live Oak Trust Inc
Firm/Company

5000 T-Rex Avenue Suite 150
Address

Boca Raton, Florida 33431
City/State and Zip Code

gmsully@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Sullivan at 561 702-5596
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Live Oak Trust, Inc.
2. The principal office address: 5000 T-Rex Avenue Suite 150
Boca Raton, Florida 33431
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/22/2002 Document number: P02000091292

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gregory Sullivan
2200 North Federal Highway Suite 203
Boca Raton, Florida 33431

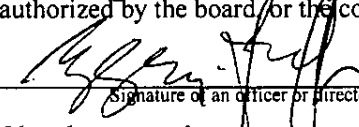
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gregory Sullivan
5000 T-Rex Avenue Suite 150
P.O. Box NOT acceptable
Boca Raton, Florida 33431

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Gregory Sullivan

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

10-25-12

Date

If signing on behalf of an entity:

Gregory Sullivan

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *