## P03000026552

KATHY D. SHEIVE, P.A.  Kathy D. Sheive, Esq.  318 N. John Young Parkway, Suite 1  Kissimmee, FL 34741	000112608660
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## KATHY D. SHEIVE, P.A.

ATTORNEY AT LAW KATHY D. SHEIVE, ESQ. 318 N. JOHN YOUNG PARKWAY, SUITE 1 KISSIMMEE, FLORIDA 34741 TELEPHONE: (407) 944-4010 FAX NO.: (407) 944-4011

November 29, 2007

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

**RE: Change of Address** 

Dear Sir/Madam:

Enclosed please find the completed Statement of Change of Registered Office for Corporations as well check #2030 in the amount of \$35.00 for filing of same. Thank you for your assistance in this matter.

Very truly yours

Kathy D. Sheive, Esq.

KDS/jlc

Enclosures: as stated

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: THE OAKS COMMERCE CENTER, INC.
2. The principal	office address: 8 BROADWAY, SUITE 218
<del></del>	KISSIMMEE, FL 34741
3. The mailing a	ddress (if different): SAME
4. Date of incorp	poration/qualification: 03/06/2003 Document number: P03000026652
	I street address of the current registered agent and registered office on file with the thent of State:
	KATHY D. SHEIVE
	316 N. JOHN YOUNG PARKWAY, SUITE 8
	KISSIMMEE, FL 34741
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office RATHY D. SHEIVE
	KATHY D. SHEIVE
	318 N. JOHN YOUNG PARKWAY, SUITE 1
	(P.O Box NOT acceptable)
	KISSIMMEE, FL 34741
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	RAY PARSONS, PRESIDENT (Printed or typed name and title)
I further agree of my duties, en document is bei	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance in a familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the specific in writing of this change.
fluig (Si	2 November 29, 2007  gnature of Registered Agent) (Date)
	chalf of an entity:
KATHY D. SH	HEIVE .
(T	Typed or Printed Name)  * * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)