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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

·						
SUBJECT: Oaks Brothers Inc Name of Corporation						
·						
DOCUMENT NUMBER: P03000095049						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matte	r to the following:					
Greg Oaks Name of Contact Person						
Oaks Brothers, Inc.						
Firm/Company						
2 East Skyline Drive						
Address						
Greenbrier, AR 72058 City/State and Zip Code						
•						
<u>scavin@oaksbrothers.com</u> E-mail address: (to be used for future annual repo	rt notification)					
For further information concerning this matter, please	call:					
Susan Cavin	at ( 501 ) 679-5554					
Name of Contact Person	at ( 501 ) 679-5554 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Depar	tment of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

CR2E045 (04/13)

NO Fee 3/29/24 D. Bruc

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

statement of cha	inge is submitted	for a corporation	organized	under the laws	1508, Florida Statu of the State of <u>Arl</u> in the State of Florid	cansas
			-	igeni, or oom, i	n ine siaie oj Fioria	ια.
1. The name of	the corporation:					
2. The principal	office address:	2 East Skylin	ne Drive			
		Greenbrier, A	AR 72058	3		
3. The mailing a	ddress (if differer	nt):				
4. Date of incorp	ooration/qualifica	tion: 8/25/2	003	Document nur	nber: <u>P03000095</u>	049
	I street address of tment of State: (I	•	_	and registered o	office on file with the	e
	Faye Hohm					~3
	<u></u>					2021 JUN 18
	3000 Clarcor	та ко				\ \
	Apopka, FL	32703				<del></del>
6. The name and (if changed):	l street address of	the new registere	ed agent (if	changed) and /c	or registered office	= .
	Tracy Freed					7: 02
	8700 Front B	each Rd, Unit				
	n		P.O. Box NO1	acceptable		
	Panama City	Beach, FL 32	2407			
The street address changed will	ess of its registere be identical.	ed office and the	street addr	ess of the busin	less office of its reg	istered agent,
Such change wa authorized by th	authorized by le board, or the c	resolution duly a orporation has be	dopted by i	ts board of dire l in writing of t	ectors or by an offic he change.	er so
- 1134	<u> </u>	·	<u> </u>		s, President	
I hereby accept I further agree of my duties, an document is bei	the appointment to comply with the difference of the appointment to comply with the dI am familiar ving filed merely to been notified in	as registered ag e provisions of a vilh and accept to reflect a chang	ill statutes i he ohligatio e in the res	ree to act in thi	or typed name and title or capacity, proper and complete on as registered age adress, I hereby co	e performance ent. Or, if this nfirm that the
Sig	nature of Registered Ap	gent			Date	
If signing on be	half of an entity:					
т	yped or Printed Name		-			

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