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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

άö

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

≟Email	Address

REGISTERED AGENT CHANGE OAKE HOLDINGS CORP

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: OAKE HOLDINGS CORP			
Name of Corporation			
DOCUMENT NUMBER:	P19000072683		

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:

Joshua Murphy			
Name of Contact Person			
Registered Agent Solutions, Inc.			
Firm/Company			
Corporate Center One, 5301 Southwest Pkwy, Ste 40	00		
Address			
Austin, Texas 78735			
City/State and Zip Code			20
E-mail address: (to be used for future annual	report notification)		2022 JUH 16 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
For further information concerning this matter, p	olease call:		F
Joshua Murphy	at (⁸⁸⁸	705-7274	2:
Name of Contact Person		de & Daytime Telep	hone 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org er to change its registered office or reg	anized under the la	iws of the State of	<u>Florida</u>
1. The name of	the corporation: OAKE HOLDING	GS CORP	_	
2. The principal	office address: 3 BEECHWOOD V	VAY BRIARCL	IFF MANOR,	NY 10510
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 9/23/2019	Document	number: <u>P190</u>	00072683
	d street address of the current registered rement of State: (If resigned, enter resigned)	•	red office on file v	with the
	BLUMBERGEXCELSIOR CO	RPORATE SEF	RVICES, INC.	
	155 OFFICE PLAZA DRIVE,	1ST	FL.	_
	TALLAHASSEE	FL	32301	_
6. The name and (if changed):	d street address of the new registered a Registered Agent Soluti	,	nd /or registered o	office 2022 JUN
	155 Office Plaza Dr.	Suite A		
		Box NOT acceptable FL 3230	11	- 16 PH
The street addr as changed will	ess of its registered office and the stre l be identical.	et address of the b	usiness office of	its registered agent,
Such change wa authorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of notified in writing	directors or by a of the change.	
	ew Geyer	Matthew Ge		Authorized Persor
I hereby accept I further agree of my duties, ar document is be	t the appointment as registered agent to comply with the provisions of all si nd I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in tatutes relative to t bligation of my po the registered office	he proper and co sition as register	omplete performance red avent. Or, if this
Hodea	widt	06/16/202	2	
Sig	gnature of Registered Agent		Date	
If signing on be	chalf of an entity:			
Mackenzie Hart	, Assistant Secretary			
· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name	FFF #3F 00 ± + +		
	* * * FILING	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314