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1220 Southways	. 4 .	. **	
Duren, Boach, Fis	33483		
,	- Office	e Use Only	
CORPORATION NAME(S) & DO	OCUMENT NUMBER(S), (if know	vn):	
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(Corporation Name)	(Document #)		. –
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☐ Walk in ☐ Pick up tin	ne	Certified Copy	
Mail out Will wait	Photocopy	Certificate of Sta	atus
NEW FILINGS	<u>AMENDMENTS</u>		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., C Change of Registered Dissolution/Withdraw Merger	Agent	SECRETARY DIVISION OF CO.
OTHER FILINGS	REGISTRATION/QUAI	<u>JIFICATION</u>	PH S
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark	-	STATE
	Ōther	R.A.Ch	orge
CR2E031(7/97)	<u>į :</u>	Examiner's Initia	als (40)

5-16-2001

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, the undersigned corporation organized under the laws of the State of
submits the following ratement in order to change its registered office or registered agent, or both, in the State of Torida.
1. The name of the corporation: OAK STREET MARKETING, INC
2. The mailing address of the corporation: 1220 SOUTH WAYS DELRAY BEAUS, PL. 33483.
3. Date of incorpor: /qualification: $\frac{2/14/97}{1}$ Document number: $\frac{p9700001536}{1}$
4. The name and address of the current registered agent and office:
PONALD LOUGHEAN POT S. W. 12 Ct. コロストルー コ
_207 S. ω. 12 Ct.
711 -100 6 10 14 100 7 1 2 0 3 3 7 3
5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)
ALAN H. ROSENTHAL
_ 3300 UNIVERSITY DRIVE, SUITE 305
CORAL SPRINGS, FZ. 33065
The street address of the registered office and the street address of the business office of its registered agent, as changed, vill be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the hours of the hour
(that ! Sie! 4/29/01.
(Signature of an Art, chairman or vice chairman of the board) (Date)
ALLEN H. GLICK DIRECTOR d or typed name and title)
Having learn name is gistered agent and to accept service of process for the above stated corporated. I here the appointment as registered agent and agree to act in this capacity. I further egree to carry with the provisions of all statutes relative to the proper and complete performance of my sees, and I am familiar with and accept the obligation of my position as registere egent.
(Sign. (Sign. (Date)
If signing or behalf of ty:
(Type inted Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/0 :

Division

URPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314