

J 75143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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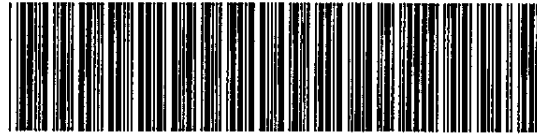
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OCEANSIDE RESORTS, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** J 75143

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:

CLAIRE CALLEN  
(Name of contact person)

OCEANSIDE RESORTS, INC.  
(Firm/Company)

605 LINCOLN RD, # 320  
(Address)

MIAMI BEACH, FL 33139  
(City/state and zip code)

For further information concerning this matter, please call:

CLAIRE CALLEN at ( 305 ) 777-7373  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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**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: OCEANSIDE RESORTS INC.
2. The principal office address: 2201 COLLINS AVE., MIAMI BEACH, FL 33139
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/1/1987 Document number: J 75143
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CLAIRE CALLEN  
2201 COLLINS AVE  
MIAMI BEACH, FL 33139

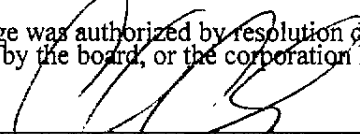
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

605 LINCOLN ROAD, #320  
MIAMI BEACH, FL 33139  
(P.O. Box NOT acceptable)  
(SAME ADDRESS FOR OFFICE AND REGISTERED AGENT)

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TALLAHASSEE, FLORIDA

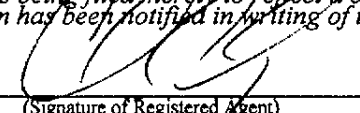
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

CLAIRE CALLEN, PRESIDENT  
(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)

AUGUST 3, 2005  
(Date)

If signing on behalf of an entity:

CLAIRE CALLEN  
(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