LD500034131

| (Requestor's Name) | _ |
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| (Address) | _ |
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| (Address) | _ |
| (City/State/Zip/Phone #) | _ |
| (City/State/Zip/Fnone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Business Enuty Name) | |
| (Document Number) | _ |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
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Office Use Only



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MAY 25 2010

EXAMINER

MICKELSON LAW OFFICES

ATTORNEYS AT LAW

Office (425) 454-3307 2108 104TH AVENUE S.E. BELLEVUE, WASHINGTON 98004

FACSIMILE (425) 454-3375

May 19, 2010

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

Re: Ocean Alexander of Florida, L.L.C.

Subj: Statement of change of registered office and agent.

Dear Department:

Enclosed please find the original and one copy of Statement of Change of Registered. Office or Registered Agent or Both For Limited Liability Company for the above noted company. Also enclosed is our client's check for the fee of \$25.00. Please file the document accordingly and place your appropriate filed stamp/receipt on the copy and return it to us in the envelope provided.

Very truly yours,

David P. Mickelson

/gk Enc.

> ন আন্তর্ভার ক্রিক বিশ্ব বিশ্ব বিশ্ব করি। এই উন্তর্ভার করিছে বিশ্ব বিশ্ব বিশ্ব বিশ্ব এই বিশ্ব বিশ্ব করিছে ক্ষেত্র করিছে বিশ্ব বিশ্র বিশ্ব বিশ্র

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| agent, or both, in the State of Florida. | W order to change its registered office of registe | ., |
|--|--|-------|
| 1. The name of the limited liability company is: | Ocean Alexander of Florida, L.L.C. | |
| 2. The mailing address of the limited liability con | npany is : 2300 E. Las Olas Blvd. | |
| Floor 4, Ft. Lauderdale, FL 3 | 33301 | |
| April 11, 2005 | L05000036131 | |
| 3. Date of filing/registration in Florida | 4. Document number | _ |
| 5. The name of the registered agent and the register Florida Department of State: Cindy M. Ross | | |
| 620 NW Dixie | Huay Suite 101 | |
| Stuart, FL 349 | Address 994 State and Zip ent and/or office: | |
| 6. The name and address of the new registered age | ent and/or office: | ~(34) |
| Oscar H. Losa | ada | T) |
| 2300 E. Las V | 908 Blvd., Flr. 4 | |
| Florida street address (| (P.O. Box NOT acceptable) | |
| Ft. Lauderdale | գ _{ij} FL 33301 | |
| City, Sta | ate and Zip | |
| If the limited liability company is not organized un confirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the continuous of the limited liability company or as the operating agreement of the limited liability continuous | de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization or | of |
| (Signature of a member or authorized representative of a member) | | |
| ♣ Ching-Chen (Johnny) Chueh, President | of Managing Member | |
| (Printed or typed name of signee) | | |
| and I am familiar with and accept the obligations of the colligations of the colling file address. I hereby confirm that the limited liability of the collins of the c | int and agree to act in this capacity. I further agree to the proper and complete performance of my duties of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change. | !o |
| (Signature of Registered Agent) | | |
| Division of Cornerations DO | Day 6227 Tallahassan El 22214 | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00