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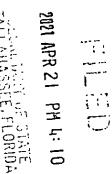
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## COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: 1830 SOUTH OCEA	AN ORIVE LLC ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Joseph L. Moren	<u> </u>
Firm/Company	
400 OCEAN RIAD, APT +	¥ 185
VERO BEACH, FLORIDA  City/State and Zip Code	32963
Toe. L. Morea & GMA E-mail address: (to be used for future ann	
For further information concerning this matter,	please call:
TOSEPH L. MOREA  Name of Person	at (631 ) 697-6925  Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303
Enclosed is a check for the following	amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1.	Na	ame of the limited liability company: 1830 SOUTH	O CRAI	U DRIVE	ELLC		
2.	(a)			Mailing address of limited liability company:			
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)			
		400 OCEAN RUAD, APT # 185	4000	OCEAN P	LUAD, APT.	# 185	
		VEROBEACH, FWRIDA 32963	VERO	BEACH,	FWRIDA	37763	
2		Date of filing/registration in Florida 4.	L120	00154	•		
3.		DANIEL J. PROBST, ESQ.		Document n	iumoci		
5.	(a)	Registered Agent and Registered Office shown on the records of the Flori	da Dept. of Sta	 te:			
			•				
		Registered Office Address (MUST BE FLORIDA STREET ADDRE	<u>SS)</u>	_	<del>-</del> 1 -2		
						•••	
		PALM BEACH GARDENS , FL 33	410	_	I APR 2	gag vel gament	
				-	SEE SEE		
	(b)	JOSEPH L. MOREA			PH 4: Or STA		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u> :	iddress:		o i A	$\cup$	
		Joseph L. More A			IOA		
		NEW Registered Office Address:		_			
		400 OCEAN ROAD, APT. # 185	· 	_			
		VERO BEACH .FL 32	963	_			
cha age wa the (	ange ent v is/we e arti bigna here ovisi e obl mere (ified	imited liability company is not organized under the laws of the or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability of the authorized by an affirmative vote of the members of the limited icles of organization or the operating agreement of the limited ture of a member or authorized representative of a member oby accept the appointment as registered agent and agree to an injurious of all statutes relative to the proper and complete performed by reflect a change in the registered agent as provided for injury of this change.	red office are company, it is mited liability con the bore of the control of the	nd the busines is hereby control ty company of the printed or typogacity. I furth	ss office of the refirmed that the character as otherwise properties of signed and signed agree to comp	gistered nange(s) ovided in	