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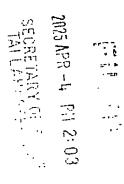
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SBS-22-25

COVER LETTER

TO: Registration Section

Division of Corporations							
SOBUBCI:							
Name of Li	imited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matte	er to the following:						
FRANCIS X. J. LYNCH, ESQ	,						
Name of Person							
SNIFFEN & SPELLMAN, P. A.							
Firm/Company							
605 NORTH OLIVE AVENUE, 2ND FLOOR							
Address							
WEST PALM BEACH, FL 33401	··. ·						
City/State and Zip Code							
flynch@sniffenlaw.com							
E-mail address: (to be used for future annual repo	off notification)						
For further information concerning this matter, please of	call:						
FRANCIS X. J. LYNCH 5	61 721 4004						
Name of Person	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 Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, 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.

ì.	Na	ame of the limited liability company:	530 SOUTH OCEA	N BOULEVARD	LLC
2. (ัลโ	605 NORTH OLIVE AVENUE, 2ND FL	OOR	(b) SAME A	AS 2(a)
2. (2.	,	Principal office address of limited liab (Note: MUST BE STREET A)		_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		WEST PALM BEACH, FL 33401		.	
		05/12/2014		114000078	004
3.		Date of filing/registration in	Florida	4.	Document number
5. (a	(a)	BRENDA ELIAS			
	•	Registered Agent and Registered Office show 530 SOUTH OCEAN BLVD	2025 PR -1		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		PALM BEACH	, FL_	3480	
	b)	FRANCIS X. J. LYNCH			نة الله الله الله الله الله الله الله الل
	-, .	Enter name of NEW Registered Agent and/o	NEW Registered O	ffice address;	_
		605 NORTH OLIVE AVENUE			
		NEW Registered Office Address:			_
		2ND FLOOR			_
		WEST PALM BEACH	, FL	3401	_
chan agen was/	ge t w wei	or changes are made, the Florida stree ill be identical. Or, in the case of a Fl	t address of the re orida limited liabi f the members of t	gistered office ar lity company, it i he limited liabili nited liability cor	is hereby confirmed that the change(s) ty company or as otherwise provided in npany.
	1		f a manhar	FRANCIS X. J.	
I her	reb isió blis erel ied	re of a member or authorized representative of a comparative to the appointment as registered as of all statutes relative to the proper gations of my position as registered as y reflect a change in the registered of in writing of this change.	d agent and agree	to act in this cap rformance of my or in Chapter 602 eby confirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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.

I. N	lame of the limited liability company: 530 SOUTH O	CEAN BOULEVARD	LLC		
2. (a)	605 NORTH OLIVE AVENUE, 2ND FLOOR	(b) SAME	(b) SAME AS 2(a)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	WEST PALM BEACH, FL 33401		MARINE A BANK I		
		 			
	05/12/2014	114000078	3004		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	BRENDA ELIAS				
J. (a,	Registered Agent and Registered Office shown on the records	of the Florida Dept. of St	late:		
	530 SOUTH OCEAN BLVD				
	Registered Office Address (MUST BE FLORIDA STREE				
			75. 1		
	PALM BEACH	33480	2025 APR -4 SECRE PAR		
		FL	-		
(b)	FRANCIS X. J. LYNCH		ECKE CALLY STATES		
(0)	Enter name of NEW Registered Agent and/or NEW Register	- 2: 03			
	605 NORTH OLIVE AVENUE				
	NEW Registered Office Address:				
	2ND FLOOR		_		
	WEST PALM BEACH	7L 33401			
			_		
t the I :hange	limited liability company is not organized under the la c or changes are made, the Florida street address of the	aws of the State of F he registered office as	lorida, it is hereby confirmed that after the indicate the histories office of the registered		
gent v	will be identical. Or, in the case of a Florida limited I	liability company, it	is hereby confirmed that the change(s)		
vas/w/ he/arti	ere authorized by an affirmative vote of the members icles of organization of the operating agreement of th	e limited liability co	mpany.		
17		FRANCIS X. J.	LYNCH		
Sign	ture of a member or authorized representative of a member		Printed or typed name of signee		
rovisi he obl o mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing the statutes relative to the proper and completing the statutes of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to act in this cap e performance of my ed for in Chapter 60 I hereby confirm that	pacity. I further agree to comply with the oduties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Signatu	re of Revisiered-Agent				