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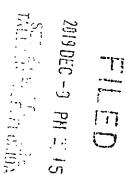
(Requestor's Name)				
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PICK-UF	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations Ocean Avenue Home Watch Services LLC SUBJECT: Name of Limited 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 matter to the following: Anthony Onorato Name of Person Ocean Avenue Home Watch Services LLC Firm/Company 2446 17th Avenue Address Vero Beach FL, 32960 City/State and Zip Code anthony@OAhomewatch.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anthony Onorato 772 207-3996 Area Code & Daytime Telephone Number Name of Person **Street Address:** Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy S25 Filing Fee

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: Ocean Avenue H	ome Watch Servi	ces LLC
		_	
e. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2446 17th Avenue	PO B	ox 650796
	Vero Beach Florida, 32960	Vero	Beach Florida, 32965
	7/30/2018	L 1800	00181651
3.	Date of filing/registration in Florida	4.	Document number
<i>-</i>			
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. (of State:
	Anthony Onorato	·	·-!
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	3225 3rd Street		
	Vero Beach	. 32968	
	, F	L	— <u> </u>
(b)	Enter name of NEW Registered Agent and/or NEW Registere		-9 PH 2: 15
			Β. Ο.
			<u></u>
	NEW Registered Office Address:		
	2446 17th Avenue		
		· .	
	Vero Beach	32960 F	
			
If the	limited liability company is not organized under the la e or changes are made, the Florida street address of th	iws of the State	of Florida, it is hereby confirmed that after the
agent	will be identical. Or, in the case of a Florida limited I	iability company	y, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the limited li	ability company or as otherwise provided in
	- 1	Anthony O	
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
Lhae	the accept the appointment as registered agent and as	gree to act in this	s capacity. I further agree to comply with the
provis	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I	e performance o ed for in Chapte	f my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed
to mer	refly reflect a change in the registered office address. I If you writing of this change.	héreby confirm	that the limited liability company has been
	without T. Shordo		
Signati	ure of Registered Agent		