## P18120000091814

1				
(Requestor's Name)				
* \				
(Address)				
(/ lauroso/				
(Address)				
(City/State/a	Zip/Phone #)			
(,				
PICK-UP	NΔIT	MAIL		
(Business E	ntity Name)			
(D	N1ala av			
(Document	Number)			
Certified Copies Certificates of Status				
Special Instructions to Filing Of	ficer:			
		ä		





300224849733

03/19/12--01045--017 \*\*35.00



DAR:

WAK 2 2 ZO12 C. MUSTAIN

## COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Ocean Air, Inc  Name of Corporation				
DOCUMENT NUMBER:		nendment 2		
			tod for films	
The enclosed Statement of Chan	_	•	ted for filing.	
Please return all correspondence	concerning this matte	er to the following:		
	Mortin	Lagaras		
Martin Lagares  Name of Contact Person				
	Ocean	Air, Inc.		
<del></del>		Company	<del></del>	
<u></u>		erce Parkway		
	Ado	dress		
	Miramar,	FL 33025 and Zip Code		
	City/State a	and Zip Code		
	martin@ocea			
E-mail addr	ess: (to be used for	future annual report notifi	cation)	
For further information concerni	ng this matter, please	call:		
Joe Rosse	olot	306	600 0202	
Name of Contact		at ( 305 ) Area Code & Daytin	698-0383 ne Telephone Number	
		·	•	
Enclosed is a \$35.00 check made	payable to the Depar	rtment of State.		
Mailing	Address:	Street Address:	-41	
	ment Section n of Corporations	Amendment Sec		
P.O. Bo	•	Division of Cor Clifton Buildin	-	
	ssee, FL 32314	2661 Executive		

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.050 Inge is submitted for a corporation orgar		
in orde	r to change its registered office or regist	ered agent, or both, in the State o	of Florida.
1. The name of	the corporation: Ocean Air, Inc.		
2. The principal	office address: 3123 Commerce Pa	ırkway	
Miramar, F	FL 33025	<u> </u>	
3. The mailing a	nddress (if different):	·	
4. Date of incorp	poration/qualification: February 199	96 Document number:	Amendment 2
	d street address of the current registered a rtment of State: (If resigned, enter resigned	<del>-</del> , -	with the
	Martin E. Levine		
	8500 SW 92nd Street, Suite 10	6	_ 20
	Miami, Florida 33156-7379		R79
6. The name and (if changed):	street address of the new registered age	at (if changed) and /or registered	office of the of
	Martin Lagares	*	
	3123 Commerce Parkway		-
	P.O. Box NO	T acceptable	
	Miramar, FL 33025		
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office o	f its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by stiffed in writing of the change.	an officer so
Signatur	real approper of director	Joseph Rosselet, Printed or typed name an	President
<i>J</i> .	the appointment as registered agent an to comply with the provisions of all stat of I am familiar with and accept the obl ng filed merely to reflect a change in th s been notified in writing of this change		
	//	March 15, 2	012
	nature of Registered Agent	Date	
If signing on bo	half of an entity:		
Ту	N/A yped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*