I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Ρ

uaun, una i anna managing member or manager or the imited liability company or the receiver or that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GUIDO KUPER

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L09000042489

Entity Name: VILLA OCEAN KEY, LLC.

Current Principal Place of Business:

100 NORTH BISCAYNE BOULEVARD SUITE #2100 MIAMI, FL 33132

Current Mailing Address:

100 NORTH BISCAYNE BOULEVARD SUITE #2100 MIAMI, FL 33132 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

REGISTERZENTRALE, LLC 100 NORTH BISCAYNE BOULEVARD SUITE # 2100 MIAMI, FL 33132 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: THOMAS BAUR			02/19/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGR	
Name	KUPER, JAQUELINE	Name	KUPER, GUIDO	
Address	503 S.W. 51ST TERRACE	Address	503 S.W. 51ST TERRACE	
City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	CAPE CORAL FL 33914	

Feb 19, 2016 Secretary of State CC3994904129

FILED

Certificate of Status Desired: No

02/19/2016 Date