i tunio una			a Agonti			
LOPEZ, NICO 1850 SOUTH TOWER 1 AF HALLANDAL	1 OC PT 3′	EAN DRIVE 107				
The above nam	ned e	ntity submits this statement for the purp	ose of changing its regis	tered office or regis	tered agent, or both, in the State	of Floric
SIGNATURE		: NICOLAS LOPEZ				(
		Electronic Signature of Registered	d Agent			
Authorize	d P	erson(s) Detail :				
Title		AMBR		Title	AMBR	
Name	I	_OPEZ, CLARA J		Name	LOPEZ, NICOLAS	
Address		1850 SOUTH OCEAN DRIVE TOWER 1 APT 3107	Address	1145 HICKORY WAY		
				City-State-Zip:	WESTON FL 33327	
City-State-Zip:		HALLANDALE FL 33009		· ·		

Current Mailing Address:

1145 HICKORY WAY WESTON, FL 33327

DOCUMENT# L10000106963

Entity Name: 1850 SOUTH OCEAN, LLC

Current Principal Place of Business:

1145 HICKORY WAY WESTON, FL 33327 US

FEI Number: 27-3664661

Name and Address of Current Registered Agent:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

AMBR

City-State-Zip: HALLANDALE FL 33009

LOPEZ, VALENTINA

1850 SOUTH OCEAN DRIVE **TOWER 1 APT 3107**

Title

Name Address

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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICOLAS LOPEZ

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

01/11/2024 Date

FILED Jan 11, 2024 Secretary of State 0177762479CC

> 01/11/2024 Date

AMBR