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T. HAMPTON

1)CT - 5 2010

**EXAMINER** 



Toll Free (800)899-8648 Voice (518)694-4414 Fax (518)432-0408

September 30, 2010

RE: SOUTH BEACH OCEAN PARCEL II, LTD.

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find a Statement of Change of Registred Office documents for the above together with our check to the Florida Department of State for \$35.00.

Please file on a routine basis, forwarding a stamped copy as appropriate evidence to the attention of the undersigned, via regular mail.

If there are any corrections or additional fees required to complete this filing, please KEEP these documents in your possession and telephone the undersigned toll free at 1-877-894-9049, ext 217.

Thank you.

Sincerely.

Dolores Burton Project Associate

Enclosure

Our ID # Project ID SOUTH20304

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	SOUTH BEACH OCE	EAN PARC	EL II, LTD	
Ŋ	Name of Limited Partnership or Lim	ited Liability Li	mited Partnership	
2.	11/17/2000	<b>3</b> .	3. A0000001754	
Date of filing/registration in Florida		<del></del>	Florida document number	
4. The name of the Department of State	registered agent and the registered on	office address as	shown on the record	s of the Florida
	Corporation Ser	vice Compa	ny	
	Nan			
	1201 Hay	s Street		
	Addr	ess		
	Tallahassee,	FL 32301		
	City, State	and Zip		
5. The name and Fl	orida street address of the new regi	stered agent and	or office:	
	United Corporate	Sepvices, Ir	nc.	
	Nam	ne//		
	9200 South Dagletar	nd Blyd. Suit	e 508	
	Florida street address (P.			
	Miami	/ FL	33156	
	City, State			
6. Such change (s) is	s/are effective when filed by the Flo	orida Departmen	t of State.	
Signature of Genera	l Partner			
comply with the pro	appointment as registered agent and visions of all statutes relative to the ith an accept the obligations of my forced Agent	proper and con position as regis	nplete performance o	
Filing Fee:	<b>\$35.00</b>			

Certified Copy (optional): \$52.50