

# A11000000447

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN - 8 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OCEAN BLUE COMMERCIAL HOLDINGS, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A11000000447

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SCOTT WAAGE

Contact Person

OCEAN BLUE COMMERCIAL HOLDINGS, LP

Firm/Company

PO BOX 1512

Address

KEY WEST, FL 33041

City, State and Zip Code

obch.lp@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT WAAGE

Name of Contact Person

at ( 858 )

692-9667

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**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. OCEAN BLUE COMMERCIAL HOLDINGS, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 6-13-11  
Date of filing/registration in Florida

3. A11000000447  
Florida document number

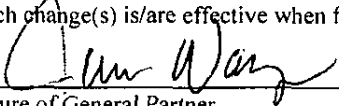
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI SERVICES, INC.  
Name  
515 EAST PARK AVENUE  
Address  
TALLAHASSEE, FL 32301 US  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

LAUREN WAAGE  
Name  
824 DUVAL STREET  
Florida street address (P.O. Box not acceptable)  
KEY WEST FL 33040  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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