

A12000000762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

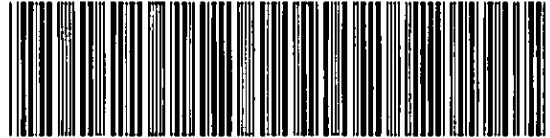
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations
OCEAN PARTNERS HOSPITALITY, LLLP

SUBJECT: _____
Name of Limited Partnership or Limited Liability Limited Partnership
A12000000762

DOCUMENT NUMBER: _____

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:

TOM C HERMANSEN

Contact Person
OCEAN PARTNERS HOSPITALITY, LLLP

Firm/Company
5500 N ATLANTIC AVE

Address
COCOA BEACH, FL 32931

City, State and Zip Code
TOMCHERMENSEN@GMAIL.COM

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

For further information concerning this matter, please call:

TOM C HERMANSEN 941 587-2808

Name of Contact Person at () Area Code and Daytime Telephone Number

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

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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.

OCEAN PARTNERS HOSPITALITY, LLLP

1. _____
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/29/2012 3. A12000000762
Date of filing/registration in Florida 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:

KANCILIA, JOHN R

Name
1795 WEST NASA BLVD

Address
MELBOURNE, FL 32901

City, State and Zip

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

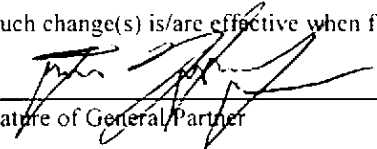
J. COLE OLIVER

Name
516 DELANNOY AVE

Florida street address (P.O. Box not acceptable)
COCOA 32922

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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