Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

A168175

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000136636 3)))

H080001366363ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
    Division of Corporations
    Fax Number   : (850)617-6380

From:
    Account Name   : C T CORPORATION SYSTEM
    Account Number   : FCA000000023
    Phone   : (850)222-1092
    Fax Number   : (850)878-5926

FILED
08 MAY 23 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2008 MAY 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

OCEAN EQUITIES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

DB 5/27

Electronic Filing Menu   Corporate Filing Menu   Help

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 EQUITIES, LTD._____
    Name of Limited Partnership or Limited Liability Limited Partnership

2. 7/21/1982 _____   3. A12875 _____
    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:

_____
Name

_____
Address

_____
City, State and Zip

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

C T Corporation System
_____
Name

1200 South Pine Island Road
_____
Florida street address (P.O. Box not acceptable)

Plantation   FL   33324
_____
City, State and Zip

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

Signature of General Partner   Howard Freedman

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