

A93000001174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

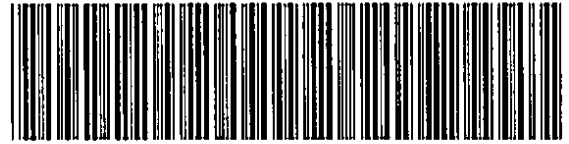
(Business Entity Name)

(Document Number)

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2018 JUN -4 AM 8:01  
TALLAHASSEE, FLORIDA

JUN 08 2018  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OCEAN CITY PROPERTIES, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A93000001174

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:

JANET I. ONNEN

Contact Person

OCEAN CITY PROPERTIES, LTD

Firm/Company

220 NE 1ST ST

Address

DELRAY BEACH, FL 33444-3710

City, State and Zip Code

janonn@ocp.cc

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

For further information concerning this matter, please call:

JANET I. ONNEN

Name of Contact Person

at ( 561 ) 441-1140

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2018

JANET I ONNEN  
220 NE 1ST ST  
DELRAY BEACH, FL 33444

SUBJECT: OCEAN CITY PROPERTIES, LTD.  
Ref. Number: A93000001174

We have received your document for OCEAN CITY PROPERTIES, LTD. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LLC, but your entity is a LP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

JD Jenna D Harris  
Regulatory Specialist II

Letter Number: 118A00010356

RECEIVED

2018 JUN -4 PM 1:00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

118A00010356

2018 JUN -4 AM 8:01

FILED

**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 CITY PROPERTIES, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/31/93 3. A93000001174  
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:

JESSICA DIEHR  
Name

220 NE 1ST ST  
Address

DELMAY BEACH, FL 33444  
City, State and Zip

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

JANET DNNEN  
Name

220 NE 1ST ST  
Florida street address (P.O. Box not acceptable)

DELMAY BEACH FL 33444  
City, State and Zip

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

 OCP, INC  
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

FILED  
2018 JUN -4 AM 8:01  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA