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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

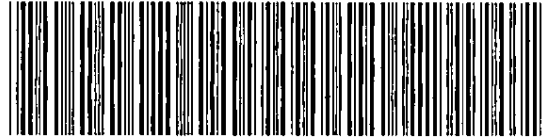
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2024 OCT 21 AM 11:16

SECRETARY OF STATE  
BELL ALABAMA, FLORIDA

2024 OCT 19 AM 9:54

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 633734 8460540

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : September 10, 2024

ORDER TIME : 4:01 PM

ORDER NO. : 633734-012

CUSTOMER NO: 8460540

CHANGE OF AGENT

NAME: OCEAN AZUL PARTNERS III, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: \_\_\_\_\_

**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 AZUL PARTNERS III, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/23/2022 3. B22000000423  
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:

CORPORATE CREATIONS NETWORK, INC.  
Name  
801 US HIGHWAY 1  
Address  
NORTH PALM BEACH, FL 33408  
City, State and Zip


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

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

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

  
Signature of General Partner DAVID ZINN, MEMBER ON BEHALF OF OCEAN AZUL  
ADVISORS III, LLC, 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 GRACE E. KIRBY, ASST. VICE PRESIDENT

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