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## REGISTERED AGENT CHANGE OCEAN FALLS VENTURES LTD. CORP

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October 17, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OCEAN FALLS VENTURES LTD. CORP C/O 1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131

SUBJECT: OCEAN PALLS VENTURES LTD. CORP

REF: F10000004000

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a Alien business organization, but your entity is a Foreign for profit corporation. 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) 245-6050.

Rebekah White Regulatory Specialist II FAX Aud. #: H16000255231 Letter Number: 216A00022224

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 60 ange is submitted for a co ler to change its registere	orporation organized	under the laws of the S	State of BRITISH VIRGIN ISLA	iDS	
1. The name of	the corporation: OCEA	N FALLS VENT	URES LTD. COR	Р		
2. The principa	l office address: 18101	COLLINS AVE	NUE, UNIT 4301			
SUNNY I	SLES BEACH, FL	33160				
3. The mailing	address (if different): 10	01 BRICKELL B	AY DRIVE, SUIT	E 3112		
_	FL 33131					
4. Date of incom	poration/qualification:	9/07/2010	_ Document number: _	F10000004000		
	d street address of the cu utment of State: (If resign		and registered office o	n file with the		
	CW CORPORATE	SERVICES LL	<b>c</b>		₹s	16
	1001 BRICKELL	BAY DRIVE SU	TE 3112		39-38 	
	Street Address			<del></del>	(20 Tal)	
	MJAMI cky	FL Otate	33131 Zb Code		4.	S
6. The name an (if changed):	d street address of the no	w registered agent (if	changed) and /or regis	tered office		Ī
	Capitol Corporate	Services, Inc.			4:	70.55
	155 Office Plaza D	Orive, Suite A			5	13
•	Street Address	P.O. Box NOT accep				
	Tallahassee	<u>FL</u>	32301 Ze Code			
The street addras changed wil	ess of its registered office locations	o and the street addr		ice of its registered agen	t,	
_	as authorized by resoluti he beard, or the corpora					
وعلمتنبيم	7 12.		Robert Gandelman	1		
	und un en fortiere et director		Printed or typed na			
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as reg to comply with the provi f my dulles, and I am fan his document is being file that the corporation ha	isterea agent ana ag isions of all statutes villar with and accep ed merely to reflect a s been notified in wr	ree to act in Inis capac relative to the proper of it the obligation of my change in the register iting of this change.	ns). ind complete position as registered ed office address, I		
10110	nie Case		10.25	ط) ٠		
8,	mature of Rogistured Agent		Date			
If signing on b	chalf of an entity:					
Delanie Ca	se, Asst. Secretary Dyred or Primical Hemo	on behalf of Ca	pitol Corporate Se	ervices, Inc.		
·	••	*	35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
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