

F1400005009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

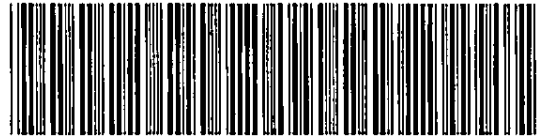
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 22 2017

T. LEPAIEUX

MAC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEAN TO OCEAN PROPERTIES, INC
Name of Corporation

DOCUMENT NUMBER: F1400005029

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria Schachter
Name of Contact Person

OCEAN TO OCEAN PROPERTIES, INC
Firm/Company

3210 Lake Pine Way East Apt. H3
Address

Tarpon Springs, FL 34688
City/State and Zip Code

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

For further information concerning this matter, please call:

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

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

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NEVADA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OCEAN TO OCEAN PROPERTIES, INC.
2. The principal office address: 3210 LAKE PINE WAY EAST, APT H3
TARPON SPRINGS, FL 34688
3. The mailing address (if different): 36181 EAST LAKE ROAD #262
PALM HARBOR, FL 34685
4. Date of incorporation/qualification: 11/24/2014 Document number: F14000005029
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BUSINESS FILINGS INCORPORATED

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.

3030 N. Rocky Point Dr. STE 150A

P.O. Box NOT acceptable

Tampa FL 33607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Victoria Schachter, President
Signature of an officer or director

Victoria L. Schachter - President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Bill Havre
Signature of Registered Agent

10/5/2017
Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

COVER LETTER

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Division of Corporations

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City/State and Zip Code

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

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____ at (____) _____
Name of Contact Person Area Code & Daytime Telephone Number

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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Victoria L. Schachter
Signature of an officer or director

Victoria L. Schachter President
Printed or typed name and title

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Bill Havre

Signature of Registered Agent

10/5/2017
Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

*** FILING FEE: \$35.00 ***

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

CR2E045 (03/12)

CSC – NCH – IFF

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
5605 Riggins Court Suite 200
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Thursday, November 02, 2017

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

- Change of Registered Agent

For **OCEAN TO OCEAN PROPERTIES, INC.**

We have included payment in the amount of \$35.00 for the following fees:

- Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department
5605 Riggins Court Suite 200
Reno NV 89502