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Name:	220 NORTH OCEAN PARTNERS, L.L.C.
Document #:	
Order #:	16545558

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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 220 NORTH OCEAN PARTNERS, L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM E. CONWAY, JR.

Name of Person

220 NORTH OCEAN PARTNERS, LLC

Firm/Company

6449 WEST LANGLEY LANE

Address

McLEAN, VA 22101

City/State and Zip Code

sandi@fortunesrockspartners.com; bill@fortunesrockspartners.com

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

For further information concerning this matter, please call:

WILLIAM E. CONWAY, JR. 202 257-7557

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INTIS18 (2/14)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: 220 NORTH OCEAN PARTNERS, L.L.C.

2. (a) 220 NORTH OCEAN BLVD., PALM BEACH, FL 33480
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 6449 West Langley Lane, McLean, VA 22101
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 06/05/2000 Date of filing/registration in Florida

4. L00000006563 Document number

5. (a) HANLON, M.TIMOTHY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

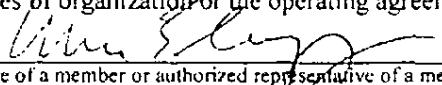
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
340 ROYAL POINCIANA WAY - STE. 321
PALM BEACH, FL 33480

(b) C T Corporation System
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

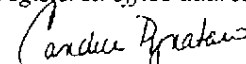
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

William E. Conway, Jr., Manager
Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System

Signature of Registered Agent Candice Pignataro, Assistant Secretary

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**