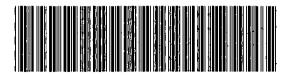
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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T. HAMPTON

APR - 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hollywood Ocean Gro (Name	up, LLC 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	g this matter to the following:
Lon Tabatchnick	
- (Name of Person)	
Hollywood Ocean Group, LLC Firm/Company)	
3501 N. Ocean Drive (Address)	
Hollywood, FL 33019	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Lon Tabatchnick	at (954) 922-6491
(Name of Person)	(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	ing amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Nar	ne of the limited liability company: Hollywood (Ocean Group, LLC	_ 0	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 3501 N. Ocean Drive Hollywood, FL 33019	_ 0	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3501 N. Ocean Drive Hollywood, FL 33019	I	
3. Dat	e of filing/registration in Florida	L02000025405 4. Document number	_	
5. ; (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
•	Registered Agent:	Tabatchnick, Lon	DIV.S	; . ·
	Registered Office Address:	3501 N. Ocean Drive Apt. 4D Hollywood, FL 33019	FIL SIQN PF C	01
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	ED OF STA	Ż.
	NEW Registered Agent:	Atkinson, Wilson, Esq.	ASE TE	D
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	One Financial Plaza Suite 1400 Ft. Lauderdale Ft. Lauderdale Ft. Lauderdale	- 53 	+
that aft office hereby liabilit	imited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	et address of the registered office and the busi ase of a Florida limited liability company, it i	ness	
(Signatur	re of a member or authorized representative of a member)	/		
(Printed	. Tabatchnick or typed name of signee) by accept the appointment as registered agent and a v with the provisions of all statutes relative to the pro ailiar with and accept the obligations of my position or, if this document is being filed to merely reflect a on that the limited liability company has been notified	 gree to act in this capacity. I further agree to oper and complete performance of my duties, as registered agent as provided for in Chapte	o and I er 608.	
F.S. C confirm	r, if this document is being filed to merely reflect a continue that the limited liability company has been notified	change in the registered office address, I here I in writing of this change.	?by	

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

(Signature of Rogistered Agent)