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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: OCEAN TRADING COM (Name of L	MPANY, L.L.C. imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Christopher J. Gertz, Esq.	
(Name of Person)	
Christopher J. Gertz, P.A. (Firm/Company)	
18 Fort Royal Isle	· ·
(Address)	
Fort Lauderdale, FL 33308	•
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Christopher Gertz	at (954) 565-2601
(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	g amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

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. The name of the limite	d liability company is	: OCEAN TRADING COMPAN	IY, L.L.C.		<u></u> ,
		company is : 20801 BISCAYN		ITE 4	103,
MIAMI, FL 33180		. •			
12/20/2004		L04000092100			
	Date of filing/registration in Florida 4. Document m		mber		
5. The name of the registe Florida Department of	State:	istered office address as shown	on the records	of th	e
	JEANETTE MA	Name	-		
	19432 EAST CO	JNTRY CLUB DRIVE			•
		Address	-		
	AVENTURA, FL	33180			
	City	, State and Zip	•		
6. The name and address	of the new registered	agent and/or office:		06/	SE
CHRISTOPHER J. GERTZ, ESQ.			•	AUG	2 2 2 2 3
	18 FORT ROYAL	Name ISLE		30 -	TARY OF CO
	· Florida street addres	ss (P.O. Box NOT acceptable)		PH I	꾸유다 S
	FORT LAUDERDAL	E FL 33308		է։ 2։	TATE
	City,	State and Zip		S	NS.
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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)

GABRIEL HILOO

(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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Age

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

INH\$18 (8/05)