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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: JR's Ocean	Propertie Name of Limited		· · · · · · · · · · · · · · · · · · ·			_
Dear Sir or Madam:						
The enclosed Registered Agent/R	egistered Office Cl	ange a	nd fee(s) are submitted f	or filin	g.	
Please return all correspondence of	concerning this mat	ter to t	he following:			
Patricia Cross				14. i.e.	13	
Name of Perso	n		-		i i	
All Atlantic LLC				38.8	3 则24 图图:	
Firm/Company	· · · · · · · · · · · · · · · · · · ·	_	-		<u> </u>	
402 Seabreeze Bl	vd. St 7			OKID)	16.6° 	
Address			-	-;-		
Daytona Beach, F	L 32118					
City/State and Zip	Code		-			
Allatlantic@live.co	m					
E-mail address: (to be used for future a	nnual report notification)	<u> </u>	-			
For further information concerning	g this matter, please	e call:				
Patricia Cross	a _t (38	36	846-0953	_		
Name of Person	<u> </u>	A	rea Code & Daytime Telephone	Number		_
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

• 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. Name of the limited liability company: JR's Ocean Proper	ties, LLC
2. (a) Principal office address of limited liability compar	are ludy Averick
(Note: MUST BE STREET ADDRESS)	381 Buchanan Ave.
(IVOID: INCOMEDIA (IVOIDE)	Staten Island, NY 10314
(b) Mailing address of limited liability company:	All Atlantic LLC
(<u>Note: MAY BE POST OFFICE BOX)</u>	402 Seabreeze Blvd. Suite 7
	Daytona Beach, FL 32118
03/30/2005	L05000031287
3. Date of filing/registration in Florida	\$
5. Date of ming registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	No.
Registered Agent:	Incorp Services, Inc.
D ' 100" 411	
Registered Office Address:	incorp Services, Inc.
	17888 67TH COURT NORTH LOXAHATCHEE, FL 33470
	EOMINIONEE, TE 33470
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: All Atlantic LLC
NEW Registered Office Address:	All Atlantic LLC
(MUST BE FLORIDA STREET ADDRESS)	402 Seabreeze Blvd. Suite 7
	Daytona Beach .FI_32118
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote of
Judy Averick Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my perchapter 608, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	

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