## 

(Requestor's Name)			
KASEN & LEVINE, P.A. TRIAL LAWYERS 15 SOUTHWEST 10 <sup>TH</sup> STREET FORT LAUDERDALE, FL 33315			
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07/11/05--01027--007 \*\*25.00



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

liability companý submit. agent, or both, in the Stat	·	aange its registered office ör registerea
1. The name of the limite	ed liability company is: Ocean Alexar	nder of Florida, L.L.C.
	f the limited liability company is: 1515	
		Lauderdale, Florida 33316
April 11, 2005	LO	05000036131
3. Date of filing/registrat	ion in Florida 4. I	Document number
5. The name of the register Florida Department of	ered agent and the registered office addressate:	ess as shown on the records of the
	Scott A. Levine, Esq,	
	Name 600 SW 4th Avenue	
	Address Fort Lauderdale, Florida 33315 City, State and Zip	05 JUL SECRET
6. The name and address	of the new registered agent and/or office	ARETA AHAS
	Scott A. Levine, Esq.	SSE -
	15 SW 10th Street Name	PH 12:
	Florida street address (P.O. Box NOT	
	Fort Lauderdale, FL 33315	
	City, State and Zip	
confirmed that after the c and the business office of liability company, it is he the members of the limite	npany is not organized under the laws of hange or changes are made, the Florida's the registered agent will be identical. Oreby confirmed that the change(s) was/wed liability company or as otherwise providing the limited liability company.	street address of the registered office Or, in the case of a Florida limited vere authorized by an affirmative vote of
Scott A. Levine	near representative of a monitory	
(Printed or typed name of signee		
	intment as registered agent and agree to is of all statules relative to the proper and accept the obligations of my position of this document is being filed to merely re chat the limited liability company has b	act in this capacity. I further agree to a complete performance of my duties, as registered agent as provided for in fleet a change in the registered office seen notified in writing of this change.

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

INHS18(10/99)

**FILING FEE: \$25.00**