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7/19/2019



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000009023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. [7]

Email Address:_____

LLC REGISTERED AGENT CHANGE OCEAN ACQUISITION 2, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

<u>n-23-19</u>

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.

l.	Na	ime of the limited liability company: Ocean Acquisition	2, LL	(). 					
2.	(a)			dh					
	,	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		117,	3	Mailing address of limited li INOTE: MAYBE POST C	abilit	у солця	my:
		1920 Main Street, Suite 1200			1920 Main	Street, Suite 1200			
		Irvine, CA 92614		-	Irvine, CA	92614		•	-
		05/01/2006		1.	060000452				
3.		Date of filing/registration in Florida	4			Document number			
5	(a)	CORPORATION SERVICE COMPANY							
•	,	Registered Agent and Registered Office shown on the records of the	ie Flori	da L	Pept of State	- e.			
(b)		Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>55)</u>		_			
		1201 HAYS STREET				<i>U</i>) 1	<u> </u>	
		TALI AHASSEE FL	32301-	252	.5	TALL	200	2019 JUL 22	•••
	da)	C T Corporation System				AHA	74.0	L 22	Tentana Cartera
	,	Enter name of NEW Registered Agent and/or NEW Registered (TALLAHASSEE, FL	OF STA	AM 10: 26	
		NEW Registered Office Address.				·	7	26	
		1200 South Pine Island Road				_	. • •		
		Plantation .Ft.	13.124		-	_			
the ago was the	cha ut w Ewe arti	mited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida fimited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	the reg bility (the li	giste con mit	red office ipany, it is ed liability	and the business offices hereby confirmed that you company or as others	e of t the	the reg	gistered c(s)
ł		Belancie	Pa	trici	a Belanger	. Secretary			
- 4	gnat	me of a member or authorized representative of a member				Printed or typed name of s	igitee		
pro the 10 11	visi obli rere	ov accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. The I'm writing of this change. Mulisk Halden, Ass/Sect	æ to a perford for in ereby	ret i mar i Ch con	n this cape ice of my g apter 605 firm that t	ocity. I further agree t duties, and I am Jamili i, F.S. Or, if this docum the limited liability con) coi ir wi ient ipan	nply with and is ben iy has i	ath the Taccept ig filed been
	natu	e of Registered Agent							