LD(2000/3339)

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section

INHS18 (8/05)

Division of Corporations					
SUBJECT: OCEANSIDE REALTY, LLC (Name of Limited Liability Company)					
(Name 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 this man	tter to the following:				
Richard Erdmann					
(Name of Person)					
Oceanside Realty, LLC (Firm/Company)					
(Trib Company)					
1505 Kenmore St.					
(Address)					
_					
Port Charlotte, FL 33952					
(City/State and Zip Code)					
For further information concerning this matter, pleas	se call:				
Richard Erdmann at (94	11) 661-5773				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following 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. The name of the limit	ed liability company is:	OCEANSIDE I	REALTY, LLC	·	
2. The mailing address of	of the limited liability con	mpany is : <u>29</u>	75 Bobcat Village C	tr. Rd, #100	
North Port, FL 34288					
June 21, 2006			L06000063339		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the regist Florida Department of	ered agent and the regist State:	tered office a	ddress as shown on	the records of the	
	Richard Perrault				
	1000 5 1	Name			
1302 Delmonte St.					
Address North Port, FL 34288					
		State and Zip		2001 TALI	
6. The name and address of the new registered agent and/or office:		fice:	2007 JUL 16 SECRETAR'		
	Richard Erdmann			I I I I I I I I I I I I I I I I I I I	
		Vame			
	1505 Kenmore St.	(D.O. D N	OT		
	Florida street address	(P.O. Box N	OT acceptable)	ED M 4: 06 F STATE F LORID,	
	Port Charlotte	FL 33952	-2532	7E 06	
	City, St	tate and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreeme (Signature of a member or author)	thange or changes are many of the registered agent will be reby confirmed that the mited liability company of the limited liability	ade, the Flori Il be identical change(s) wa or as otherwing company.	da street address of l. Or, in the case of as/were authorized	the registered office a Florida limited by an affirmative vote	
Monica Kratofil					
(Printed or typed name of signee	•				
I hereby accept the appo comply with the provision and I am familiar with at Chapter 608, F.S. Or, if address, Viereby confirm	intment as registered ag is of all statutes relative id accept the obligations this obcument is being fi that the limited liability	gent and agre to the prope to fmy positi iled to merely y company ha	e to act in this caper r and complete per on as registered ago reflect a change in as been notified in w	icity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.	
(Signature of Registered Agent)	*/ -Y				

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