

L07000034594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 12 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2011

OCEAN BLUE HOSPITALITY, LLC.
PATRICK GODDARD
601 BRICKELL KEY DR, STE. 902
MIAMI, FL 33131

SUBJECT: OCEAN BLUE HOSPITALITY, LLC.
Ref. Number: L07000034594

We have received your document for OCEAN BLUE HOSPITALITY, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 011A00020281

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Blue Hospitality, LLC
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 matter to the following:

Patrick Goddard

Name of Person

Ocean Blue Hospitality, LLC

Firm/Company

601 Brickell Key Drive, Ste 902

Address

Miami, FL 33131

City/State and Zip Code

patrick@obhospitality.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johanna Rojas

Name of Person

at (786)

210-5666

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 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. Name of the limited liability company: Ocean Blue Hospitality, LLC

2. (a) Principal office address of limited liability company: 425 Ocean Drive

(Note: MUST BE STREET ADDRESS)

Miami Beach, FL 33139

(b) Mailing address of limited liability company: 425 Ocean Drive

(Note: MAY BE POST OFFICE BOX)

Miami Beach, FL 33139

4/2/2007

3. Date of filing/registration in Florida

L07000034594

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Patrick Goddard

Registered Office Address:

425 Ocean Drive

Miami Beach, FL 33139

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Patrick Goddard

NEW Registered Office Address:

601 Brickell Key Drive

(MUST BE FLORIDA STREET ADDRESS)

Suite 902

Miami, FL 33131

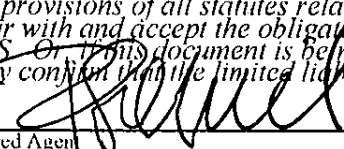
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 of authorized representative of a member

Patrick Goddard

Printed or typed name of signer

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, I hereby confirm that the limited liability company 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