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City/State and Zip Code tarainnes@rocketmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tara Schwerin Innes 917 679-4503 at ()	TO: Registration Section Division of Corporations	-	*	•
Name of Limited Liability Company L07000124681 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tara Schwerin Innes Name of Firm/Company 801 North Swim Club Drive, 2A Address Vero Beach, Florida 32963 City/State and Zip Code tarainnes@rocketmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tara Schwerin Innes 917 679-4503	900 OCR LLC			
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Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

	900 OCR LLC			
	me of the limited liability company: Clarence M. Schwerin III		b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 801 North Swim Club Drive, 2A	`	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Vero Beach, Florida, 32963			
	12/17/2007		1.0700012	24681
, (a)	Date of filing/registration in Florida Clarence M. Schwerin III	4.		Document number
, (a)	Registered Agent and Registered Office shown on the records of t Clarence M. Schwerin III	the Florid	a Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET A 801 North Swim Club Drive, 2A	ADDRES	<u>S)</u>	2022 A
	Vero Beach, FL	32963		PR 19
(b)	Tara Schwerin Innes			The state of the s
(17)	Enter name of NEW Registered Agent and/or NEW Registered		ldress:	- 10:32
	TARA SCHWERIN JUNES NEW Registered Office Address: 801 North Swim Club Drive, 2A			
	Vero Beach, FL	32963		
hange gent v vas/we ne arti Signat	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ure of a member or authorized representative of a member of	register bility co f the lin limited ee to ac	red office ompany, inited liability contact in this contact in the con	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. ANNE K. Schwerin Printed or typed name of signee apacity. I further agree to comply with the
he obt. o merc	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the phange. What is a change in the change in the complete address and the change.	perform I for in v vereby c	ance of m Chapter 6 onfirm the	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
ignatu	re of Registered Agent			