

LD7 000 126159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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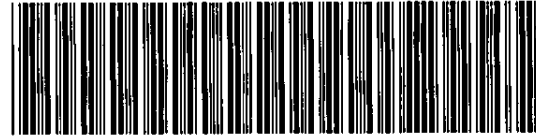
(Business Entity Name)

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DEPARTMENT OF STATE  
14 JAN 17 AM 8:28

FILED  
2014 JAN 17 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 21 2014

T CLINE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 967187 7109268

AUTHORIZATION :

COST LIMIT \$25.00

ORDER DATE : January 17, 2014

ORDER TIME : 3:27 PM

ORDER NO. : 967187-005

CUSTOMER NO: 7109268

CHANGE OF AGENT

NAME: 8013 OCEANSIDE L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

FILED  
2014 JAN 17 AM 10:21  
STAPLE  
ALL INFORMATION  
MAY BE RELEASED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 8013 Oceanside L.L.C.

\_\_\_\_\_  
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:

Megan Renze

\_\_\_\_\_  
Name of Person

Baker & McKenzie LLP

\_\_\_\_\_  
Firm/Company

1111 Brickell Avenue, Suite 1700

\_\_\_\_\_  
Address

Miami, Florida 33133

\_\_\_\_\_  
City/State and Zip Code

megan.renze@bakermckenzie.com

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

For further information concerning this matter, please call:

Megan Renze

at ( 305 ) 720-9089

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

FILED  
2014 JAN 17 AM 10:21  
REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

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

*Pursuant to the provisions of sections 605.0114, 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: 8013 OCEANSIDE L.L.C.

2. (a) Principal office address of limited liability company: 396 Alhambra Circle, Suite 900  
c.o Hill Gravier, LLP - Attn. Lenny Graver  
Coral Gables, FL 35134  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 396 Alhambra Circle, Suite 900  
c.o Hill Gravier, LLP - Attn. Lenny Graver  
Coral Gables, FL 35134  
**(Note: MAY BE POST OFFICE BOX)**

12/20/2007

3. Date of filing/registration in Florida

L07000126159

4. Document number

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

Registered Agent:

CSC The United States Corporation Company

Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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

**NEW** Registered Agent:

Corporation Service Company

**NEW** Registered Office Address:

1201 Hays Street

**(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301

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.

Mary S. Stawik  
Signature of a member or authorized representative of a member

Mary S. Stawik

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 605, 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.*

By: Sue G. Knight  
Signature of Registered Agent Corporation Service Company

Sue G. Knight  
Assistant Vice President

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

FILING FEE: \$25.00