L080000 27605

| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|---|---|--------|--|--|--|--|--|
| SUBJE | TRANS OCEANIC REAL ESTATE LLC Name of Limited Liability Company | | | | | | |
| 00241 | | | | | | | |
| Dear S | Sir or Madam: | | | | | | |
| The en | nclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | |
| Please | e return all correspondence concerning this matter to the following: | | | | | | |
| AMY | 'M PRESTON | | | | | | |
| - | Name of Person | | | | | | |
| BARN | NES PRESTON GLOBAL CPAS P.A. | | | | | | |
| | Firm/Company | | | | | | |
| 2929 | E COMMERCIAL BLVD, SUITE 409 | | | | | | |
| _ | Address | | | | | | |
| FORT | RT LAUDERDALE, FL 33308 | | | | | | |
| | City/State and Zip Code | | | | | | |
| E | E-mail address: (to be used for future annual report notification) | | | | | | |
| For fur | orther information concerning this matter, please call: | | | | | | |
| _A | My Proston at (954) 491 -1950 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 & Certified Copy | | | | | | |
| INHS18 | 18 (2/14) | | | | | | |

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.

| 1. N | ame of the limited liability company: | TRANS OCEA | ANIC RI | EAL ESTA | ATE LLC | |
|------------------------------|--|---|--|---|---|---|
| 2. (a) | 2929 EAST COMMERCIAL BO | DULEVARD | _ (b) | 2929 EA | ST COMMER | CIAL BOULEVARD |
| (, | Principal office address of limited lie (Note: MUST BE STREET A | | _ (0) | | | ited liability company: OST OFFICE BOX) |
| | SUITE 409 | | | SUITE 40 | 09 | |
| | FORT LAUDERDALE, FL 333 | 308 | _ | FORT LA | AUDERDALE, | FL 33308 |
| | 03/17/2008 | | l | _0800002 | 7605 | |
| 3. | Date of filing/registration in | Florida | 4. |] | Document numbe | er |
| 5. (a) | CAMERON, CARA E | | | | | |
| J. (u) | Registered Agent and Registered Office show | vn on the records of th | ne Florida | Dept. of State: | | 7019 FEB 25 M 9: 05 |
| | Registered Office Address (MUST BE F | LORIDA STREET AI | DDRESS) | | • | |
| | 2929 EAST COMMERCIAL B | OULEVARD, S | SUITE 4 | 10 | | 3 7 |
| | FORT LAUDERDALE | , FL_3 | 33308 | | | 至口 |
| | | | | | | |
| (b) | Enter name of NEW Registered Agent and/ | . Priving a second | \c= 11 | | | o n |
| | Effect frame of NEW Registered Agent and | or NEW Registered C | mice add: | reny: | | |
| | PRESTON, AMY M | | | | | |
| | NEW Registered Office Address: | _ | <u>. </u> | | | |
| | 2929 EAST COMMERCIAL B | OULEVARD, S | UITE 4 | 09 | | |
| | | | | | | |
| | FORT LAUDERDALE | , FL 3 | 33308 | | | |
| If the l | imited liability company is not organi | zed under the laws | s of the S | State of Flor | rida it is hereby o | confirmed that after |
| agent was/wa | ange or changes are made, the Florida will be identical. On in the case of a lear authorized by an affirmative vote cicles of organization or the operating a | street address of the Florida limited liab of the members of | he regist pility cor the limit imited lia | ered office npany, it is ed liability ability comp | and the business of the hereby confirmed company or as of the bany. | office of the registered d that the change(s) therwise provided in |
| | Level 1 | | | other | Ercholz Printed or typed name | 2 |
| | ture of a member or authorized representative | | | | | - |
| provisi the obl to mer | by accept the appointment as register ons of all statutes relative to the propigations of my position as registered ely reflect a change in the registered din writing of this change. | ed agent and agre er and complete p agent as provided office address, I he | e to act i performa for in Ci creby coi | n this capa ace of my d apter 605, afirm that th | city. I further agg uties, and I am fa F.S. Or, if this d we limited liability | ree to comply with the miliar with and accept locument is being filed y company has been |
| Signativ | re of Registered Agent | | | | | |