108000097252

(Requestor's Name)				
(Address)				
(1331-137)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Octahod copies				
Special Instructions to Filing Officer:				
·				

Office Use Only



600143763176

02/19/09--01010--025 **25.00

FILED

09 FEB 19 PH 12: 48

TALLAHASSEE, FLORIDA

D. BRUCE

FEB 2 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ocean Blue Managem (Name	e 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	ng this matter to the following:
Patrick Goddard	
(Name of Person)	
Ocean Blue Management of Miami Beach LLC (Firm/Company)	FILED 09 FEB 19 PH 12: 48 SECRETARY OF STATE AHASSEE, FLORIDA SECONDO PHONE STATE AND A
425 Occan Drive 1674 MERIDIAN A	VE, STE 106
(Address)	TATE ORID
Miami, Florida 33139	₽
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Patrick Goddard	at (_ 786) 325 2040
(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 follow	ring 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.	Nar	ne of the limited liability company: Ocean Blue	Management of Miami Beach LLC			
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 1674 Meridian Ave Suite 106 Miami, Florida 33139			
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1674 Meridian Ave Suite 106 Miami, Florida 33139			
	/15/2		1.08000097252			
3.	Dat	e of filing/registration in Florida	4. Document number			
5.	(a)	Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:			
		Registered Agent:	Patrick Goddard			
		Registered Office Address:	1674 Meridian Ave Suite 106 Miami, Florida 33139			
	(b)	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		NEW Registered Agent:				
	NEW Registered Office (MUST BE FLORIDA	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	425 Ocean Drive			
			Miami ■,FL_33139			
tha off he lia lin	at affice reby bilit	imited liability company is not organized under the lefter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the business are of a Florida limited liability company, it is			
Pa	atrick	Goddard				
(P	rinted	or typed name of signee)	-			
		by accept the appointment as registered agent and a with the provisions of all statutes relative to the provision with and accept the obligations of my position or, if this document is being filed to merely reflect a continuous the limited lidbility company has been notified to be a continuous filed to merely reflect a continuous filed to mer	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.			

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