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C. LEWIS
FEB 9 2010
EXAMINER

"COVER LETTER

Registration Section Division of Corporations	••	
	mited Liability Company	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Joshua Souza Name of Person		
Name of Person		
Ocean Model Firm/Company	s, LLC	
1000 Venetian Wa	y # 1904	
Miani Beach, FL 3 City/State and Zip Code	53139	
E-mail address: (to be used for future annual report not	egmail. com	
For further information concerning this matter, please call:		
Joshua Souza Name of Person	at (323) 807-2339 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	g 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 Models, LLC	
2. (a) Principal office address of limited liability con	npany: 1000 Venetian Way	
(Note: MUST BE STREET ADDRESS)	# 1904 miani Beach, FC 33189	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	1000 Venetian Way # 190 Mi'ami Beuch, FL 33139	
Jan 25th 2010 3. Date of filing/registration in Florida	L1000000 9214 4. Document number	
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:	
Registered Agent:	Joshua Souza	
Registered Office Address:	1000 Venetian Way# 1904 Miani Beach, FL 33139	
(b) Enter name of <u>NEW Registered Agent</u> and/or		
NEW Registered Agent:	Thomas P. Gammen	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	,FL	
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.		
Printed or typed name of signee	E.F.S.T.	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed a address, I hereby confirm that the limited liability configuration of Registered Agent	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office, appany has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
FILING FEE: \$25.00		