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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MA (Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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D. BRUCE MAY 0 8 2017

COVER LETTER

Division of Corporations		
SUBJECT: Ozone	Park Square LLC ne of Limited Liability Company	
U Nan	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing	į.
Please return all correspondence concerning th	is matter to the following:	
Charlotte Tilley		
Name of Person		
Law Office of Michael Tilley		
Firm/Company	· · · · · · · · · · · · · · · · · · ·	•
128 Wilderness Cay		29 741
Address		CORE ARE
Naples FL 34114		TARY ASSEE
City/State and Zip Code		ת בייב
Mike@MRTilley.com		STATE STATE
E-mail address: (to be used for future ann	nual report notification))A 12
For further information concerning this matter,	please call:	
Charlotte	561 392-5707	
Name of Person	Area Code & Daytime Tele	phone 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:	
2 \$25 Filing Fee	\$55 Filing Fee & Certified Copy	y

INHS18 (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.	Name of the limited liability company: Ozone Park Squ	uare LLC			
2 (8)	(b)			
2. (0	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	6920 NW 79th War				
	Parhland FL 33047				
2	03/31/2010	L100000			
3.	Date of filing/registration in Florida	4.	Document number		
5. (<u> </u>		
	Registered Agent and Registered Office shown on the records of the	ie Florida Dept. of St	ate: Per S		
	17888 67Th Court North		- See To		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Loxahatchee ,FL_	33470			
· (b) InCorp Services, Inc.		CORRE		
(-	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	2		
	17888 67th Court North				
	NEW Registered Office Address:				
	Loxahatchee, FL 33470		_		
	Loxahatchee , FL_	33470			
the cagent was/the a Sign	limited liability company is not organized under the lawnange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization on the operating agreement of the limited of a member or authorized representative of a member reby accept the appointment as registered agent and agrees in so fall statutes relative to the proper and complete publications of my position as registered agent as provided the proper and complete property reflects a flyinge in the registered office address, I have a supposition as registered office address, I have a supposition as registered office address, I have a supposition as registered of the property reflects a flyinge in the registered of the property reflects a supposition as registered of the property reflects a supposition as registered of the property reflects a supposition as registered of the property of the propert	the registered offi- bility company, it the limited liabil imited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Printed or typed name of signee Afficiation.		
nour X1	ed in writing of this change. My Jackie DeFilippis on betture of Registered Agent				
	Division of Corporations • P.O. Bo		assee, FL 32314		