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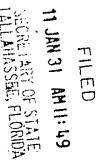
(Requestor's Name)			
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K. SALY EXAMINER FEB 2 2011

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJECT: 1400 S. OCEAN, LLC		
	Name of	Limited Liability Company
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the following:
	Robert Preston	
	Name of Person	
	1400 S. OCEAN, LLC	
	Firm/Company	
	222 Lakeview Ave, Suite 6 Address	10
	West Palm Beach, FL 334 City/State and Zip Code	01
E-	rpreston@consumertesting mail address: (to be used for future annual report	biz notification)
For fu	rther information concerning this ma	tter, please call:
	Robert Preston	at ( 561 ) 847-2013
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the follow	ng 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.

Name of the limited liability company:	1400 S. OCEAN, LLC		
2. (a) Principal office address of limited liability company	222 Lakeview Ave, Suite 610		
(Note: MUST BE STREET ADDRESS)	West Palm Beach, FL 33401		
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	same		
12/3/2010	L10000124610		
	L10000124610		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State.			
Registered Agent:	PRESTON, ROBERT		
Registered Office Address:	477 S. ROSEMARY AVE., SUITE 316 WEST PALM BEACH FL 33401		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	V Registered Office address:		
NEW Registered Office Address:	222 Lakeview Ave, Suite 610		
(MÜST BE FLORIDA STREET ADDRESS)	West Palm Beach ,FL33401		
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 with a liability company or as otherwise provided in the articles of organization or the operating the liability company.  Signature of a member or authorized representative of a member			
Stewart A Satter, MGRM			
Printed or typed name of signee	-		
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		
Signature of Registered Agent			

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