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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	er en egenerale en
SUBJ		th Ocean Advisors, LLC f Limited Liability Company
Dear !	Sir or Madam:	
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning	ng this matter to the following:
•	Isabelle Sherman	·
	Name of Person	
	South Ocean Advisors, LL Firm/Company	<u>LC</u>
	2700 N. Ocean Drive, 601 Address	<u>1A</u>
	Singer Island, FL 33404 City/State and Zip Code	4
E	pbibru@yahoo.com -mail address: (to be used for future annual report	rt notification)
For fi	urther information concerning this mat	atter, please call:
	Isabelle Sherman	at (561) 315-5293
	Name of Person	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	ving 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:	South Ocean Advis	ors, LLC		
2. (a) Principal office address of limited liability comp	pany: 2700 N. 0	2700 N. Ocean Drive, 601A		
(Note: MUST BE STREET ADDRESS)	Singer Island, FL 3	3404		
(b) Mailing address of limited liability company:	2700 N. Oce	an Drive, 601A		
(Note: MAY BE POST OFFICE BOX)	Singer Island, FL 3	3404		
May 19, 2011		059236		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Isabelle Sherman			
Registered Office Address:	1140 South Ocean Manalapan, FL 334	Boulevard 2		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2700 N, Ocean Drive, 601A			
	Singer Island	,FL <u>33404</u>		
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	he Florida street address of dentical. Or, in the case of ge(s) was/were authorized b therwise provided in the ar	the registered office		
Isabelle Sherman				
Printed or typed name of signee				
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capa e proper and complete perf y position as registered ago nerely reflect a change in pany has been notified in w	acity. I further agree to formance of my duties, ent as provided for in a the registered office writing of this change.		
Signature of Registered Agent				

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