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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC. Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE OCULUS LLC Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25.00

AUG 21 2019

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Q 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.

r 101140		ulus, Ll	C					
	the of the minica haoring company.					 າ	·	
2. (a)	7901 4th St N Principal office address of limited liability co		_ (b) PO Box 34628 #80713 Mailing address of limited liability company:					
	(Note: MUST BE STREET ADDRES				(Note: MAY BE POST			
	Suite 300		_	<u> </u>				
	St. Petersburg, FL		_	Seattle.	WA 98124-1638			
	03/23/12			L12000	041396			
3.	Date of filing/registration in Floric	ia	4.	<u></u>	Document number			
5 (5)	Glover, Tom, Manager							
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat				ue:			
	3030 N. Rocky Point Drive					۰. بې	2019	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	• •	AUG	
	STE 150A		<u> </u>		_	••	620	
	Tampa	 FI	3360	7				
					_		PA 12: 20	K
(b) Northwest Registered Agent L							2 2	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered (<u>)ffice a</u>	<u>ddress</u> :			<u>ر</u> ې	
	7901 4th St N				_			
	NEW Registered Office Address:							
	STE 300							
	St. Petersburg		3370	2				
If the		ndor the law	's of th	e State of F		nfirmed	that aft	er
the ch agent	will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the ticles of organization or the operating agree	a limited lia members o	the reg bility f the li	company, if	t is hereby confirmed (lity company or as oth	that the c	hange(5)
				organ No				
Sign	ature of a member or authorized representative of a me	ember			Printed or typed name			
I here provis the ob to me	eby accept the appointment as registered ag sions of all statutes relative to the proper an digations of my position as registered agent rely reflect a change in the registered office ed in writing of this change.	,	ec to a perfor I for in wreby	et in this co mance of m Chapter 6 confirm the	apacity. I further agree by duties, and I am fan D5, F.S. Or, if this do at the limited liability	ve to com uliar wit cument i company	ply wit h and a s being · has be	h the iccept filed ien

Clover - Assistant Secretary ION

Signature of Registered Agent

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

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