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JECKE (ÁRY OF STATE ALLAHASSEE, FLORIDA AS NOW _ I BM I. O

VCORP SERVICES, LLC

October 24, 2012

Department of State Registration Section of Division of Corporations 2661 Executive Circle Tallahassee, FL 32301

Re: Oceanside Partners LLC

Dear Examiner:

Please file the attached Registered Agent/Registered Office Change for the above referenced entity. A check for \$25 has been enclosed to cover the costs of the filing.

Should there be an error on the attached please contact me ASAP at the info below.

Thank you for your attention to this matter.

Very truly yours,

Miriam Katz

Email: mkatz@vcorpservices.com

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 698,416 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:	OCEANSIDE PARTNERS LLC			
2. (a) Principal office address of limited liability com	npany: 491 N GULF BLVD		_VD	
(Note: MUST BE STREET ADDRESS)	PLACIDA EL	33946	— ————————————————————————————————————	
(b) Mailing address of limited liability company:	PO BOX 119			
(Note: MAY BE POST OFFICE BOX)	PLACIDA FL	33946	der yw syng ogen yn dienen o errole rechteren g.	
10/2/2012		12000125596		
3. Date of filing/registration in Florida	4. Document m	ımber		
5. (a) Registered Agent and Registered Office shows	on the records of th	e Florida Dept. of	State:	
Registered Agent:	STRATTON.	DOUGLAS D		
Registered Office Address:	407 LINCOLN MIAMI BEACI	407 LINCOLN ROAD SUITE 2A 2 MIAMI BEACH FL 33139 96 9		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	Vcorp Service	트일	94 (1) 09 06	
(MUST BE FLORIDA STREET ADDRESS)	Davie	.FL	33314	
If the limited liability company is not organized under confirmed that after the change or changes are made, if and the business office of the registered agent will be a liability company, it is hereby confirmed that the chang of the members of the limited liability company or as conthe operating agreement of the limited liability company control of the limited liability company.	he Florida street addr dentical. Or, in the c ge(s) was/were autho otherwise provided in	ess of the registere ase of a Florida lin rized by an affirm:	ed office nited itive vote	
Sal Kravecas 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, 178. Or, if this document is being filed to address, I he city confirm that the limited liability com	nd agree to act in this e proper and complet y position as register o merely reflect a cha pany has been notific	s capacity, I furthe to performance of t ed agent as provid nge in the register ed in writing of this	er agrec to my duties, led for in ed office s change.	
Signature of Registered Agent				

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