L12000150909

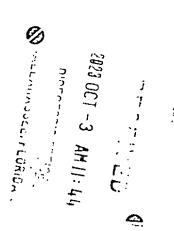
	(Requestor's Name)						
	(Address)						
	(Address)						
	(Address)						
	(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							
	J. HORNE						
	OCT - 4 2023						

Office Use Only



300416679393

23 OCT -3 AM 9: 48



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 027080 8313521								
AUTHORIZATION: Juli Kenan								
COST LIMIT : \$\frac{1}{25}00								
ORDER DATE : October 2, 2023								
ORDER TIME : 9:23 AM								
ORDER NO. : 027080-005								
CUSTOMER NO: 8313521								
CHANGE OF AGENT								
NAME: OCEAN RIVER CAPITAL, LLC								
NAME: OCEAN RIVER CAPITAL, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker EXT#								

EXAMINER:

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.	Na	me of the limited liability company: OCEAN RIVER	CAPIT	AL	, LLC 	
2. (a						
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
		3948 3 ST S #88 JACKSONVILLE BEACH,			3948 3 S	T S #88 JACKSONVILLE BEACH,
		FL 32250			FL 32250)
		11/30/2012		L	_12000150	0909
3.		Date of filing/registration in Florida	4.	-		Document number
5. ((c)					
J. (,a j	Registered Agent and Registered Office shown on the records of t Wacaster, Steven	he Flori	da 1	Dept. of State	230CT-3 MM 9: 45
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		3948 3 ST S #88				3 /
	JACKSONVILLE BEACH 32250					
		FL.				
(1	b)					-,
``		Enter name of NEW Registered Agent and/or NEW Registered	Office a	dd	ress:	_
		Corporation Sandas Company				
		Corporation Service Company				_
		NEW Registered Office Address:				
		1201 Hays Street			<u> </u>	-
		Tallahassee	32301			
		. FL	32301			-
chan agen was/	ge t w	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the l	registe bility of f the li	red on mit	l office and ipany, it is led liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	/s/ Steven Wacaster			Steven Wacaster		
Sig	nati	ure of a member or authorized representative of a member				Printed or typed name of signee
prov The o	isio bli ere îed	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h in writing of this change.	e to ac perform for in ereby c	t i var Cl. or	n this cape ace of my c apter 605 afirm that t	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
$\frac{\mathcal{X}}{\mathcal{X}}$		sca C-Kubly				
Sign	atur	e of Registered Agent				