

LI4 600057955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

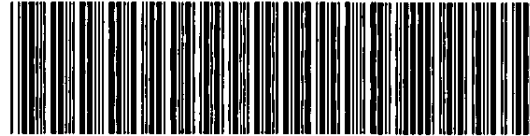
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Silvers APR 14 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **RED OCEAN INDUSTRIES, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Gregory Clement, Esq.**

Name of Person

 **LLP**

Firm/Company

**2020 Main Street, Suite 600**

Address

**Irvine, CA 92614**

City/State and Zip Code

**gclement@bkcglaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Gregory Clement**

Name of Person

at ( **949** ) **975-7586**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 APR 11 AM 115  
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Remove  
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CHANGE ADDRESS FOR MANAGER MORGAN MAGLEBY TO

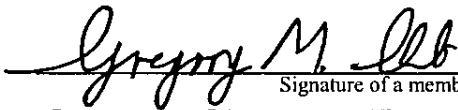
READ AS FOLLOWS:

1575 EUCLID AVENUE, SUITE 501, MIAMI, FL 33139 US

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 9, 2014



Signature of a member or authorized representative of a member

Gregory Clement, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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