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(((H16000252140 3)))



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Division of Corporations

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From:

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Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647

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LLC REGISTERED AGENT CHANGE OCEAN PENTHOUSE 901 LLC

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

Pursuant to the provisions of sections 603.0114 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 Pentho	JUBÓ	901 LLC		
2. (a)	c/o Hal J. Webb, Bilzin Sumberg et al.		(ь) c/o Hal J	. Webb, Bilzin Sumberg et al.	
(-)	Principal office address of limited liability company:	_		ailing address of limited liability company:	•
	(New UUST BE STREET ADDRESS) 1450 Brickell Ave., 23rd Floor		1450 Dela	i <u>Nee MAY BE POST OFFICE BOX)</u> ckell Ave., 23rd Floor	
	1450 Drickell Ave., 23rd Floor	_			, , ,
	Miami, FL 33131	-	Mlaml, Fl	L 33131	
	09/25/2014		L1400015	0516	_
3,	Date of filing/registration in Florida	4.	:	Document number	
5. (a)	The Cantor Group Corporate Services LLC				
(-)	Registered Agent and Registered Office shown on the records of it	be Flo	nida Dept. of States	•	
	2601 South Bayshore Drive, Suite 1800				
	Registered Office Address (MUST BE FLORIDA STREET A	DDR	PST)		
				크	, ಕ
	Miami , FL	331	33		2
					日立
(b)	Capitol Corporate Services, Inc.				·
	Enter name of NEW Resistered Agent and/or NEW Resistered	Office	s address:	<u> </u>	20 17
	155 Office Plaza Dr. Suite A				R Z C
	NEW Registered Office Address:			سئي معدر	00
					15 N
				in the state of th	201 W
	TallahasseeFL	323	01		
the chi	imited liability courtany is not organized under the lay ange or changes atchmade, the Florida street address of will be identical. On in the case of a Florida limited lis ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the r	registered office	and the business office of the registerer	i
Signs	tions of a member of sufficiency representative of a member	-		Printed or typed name of signee	-
	thy accept the appointment as registered agent and agrifons of all statutus relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is a writing of this change. Light Mark Last Agent	rea to perfo d for hereb	act in this cape ormance of my e in Chapter 603 by confirm that	ncity. I further agree to comply with the fulfes, and I am familiar with and accep. F.S. Or, if this document is being filed the limited liability company has been	,

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

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