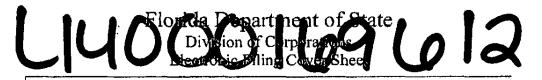
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001301173)))



) <b>:</b>	
Division of Corporations	32E
Fax Number : (850)617-6383	575
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om:	
Account Name : C T CORPORATION SYSTEM	ا <del>ن</del> ت
. Account Number : FCA00000023	골흑
Phone : (850) 205-8842	<b>E</b> 1.
Fax Number : (850)878-5368	<b></b>
•	Fax Number : (850)617-6383  Fom: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-8842

## LLC REGISTERED AGENT CHANGE SK 2000 OCEAN LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. HARRIS

AM 8:

Electronic Filing Menu

Corporate Filing Menu

5/26/2016 10:45:02 AM From: To: 8506176383	( 2/3 )
CO	VER LETTER
	<b>*</b>
TO: Registration Section	•
Division of Corporations	•
SK 2000 OCEAN LLC	
SUBJECT:	Sand I Salatte Communication
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
<u> </u>	g
Please return all correspondence concerning this matter	to the following:
	<b>C</b>
Name of Person	
P' ./O	
Firm/Company	
•	
Address	<del></del>
/ two 433	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual repor	t notification)
, , , , , , , , , , , , , , , , , , ,	,,, ,
For further information concerning this matter, please ca	all:
at (	)
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDDCCC.
Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	Carried Carrie
₩ \$25 Fining rec	\$55 Filing Fee & Certified Copy
INHS18 (2/14)	

5/26/2016 10:45:02 AM From: To: 8506176383( 3/3 )

## 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.

(a)		(b	)	
, , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2525 Ponce De Leon Boulevard, Suite 700		2525 Ponce De Leon Boulevard, Suite 700	
	Coral Gables, FL 33134	_	Coral Gable	s, FL 33134
	10/31/2014		L1400016961	2
	Date of filing/registration in Florida	— <sub>4.</sub> ·		Document number
(0)	WEISS SEROTA HELFMAN COLE BIERMAN & POI	РОК		
i. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:	
	C/O JOSEPH M. HERNANDEZ, ESQ		·	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	1	<b></b> 4
	2525 PONCE DE LEON BLVD., SUITE 700		<del>-</del>	16   SEC FALL
	CORAL GABLES , F	L 33134		16 HAY 2 SECRETALLAHAS
				97900 <b>ch</b> 1
(b)				STEEL IN
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ado	<u>lress</u> :	FINA CO.
	C T Corporation System			F STATE FLORIDA
	NEW Registered Office Address:			·
	1200 South Pine Island Road	·		
	Plantation . F	L <sup>33324</sup>		
e char ent w as/we artic	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the authorized by a large of the members of the authorized by an affirmative vote of the members of the authorized by a large of the large o	f the regis iability co of the limi	tered office ampany, it is intended in its int	and the business office of the reginereby confirmed that the change company or as otherwise provide bany.  Output  Out
=	are of a member of authorized representative of a member	_		Printed or typed name of signee
hereb ovisič	y accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provid ly reflect a change in the registered office address, I	ree to act e performa ed for in (	in this capac ince of my di hanter 605.	city. I further agree to comply with utles, and I am familiar with and a F.S. Or, if this document is being