

**L15000000599**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

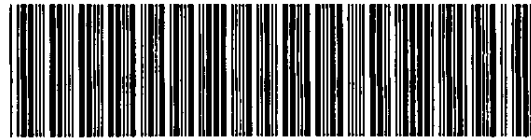
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS

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NOV 22 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oceanview Treatment Solutions, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Brett Passeroff**

Name of Person

**Oceanview Treatment Solutions, LLC**

Firm/Company

**236 SE 23rd Ave**

Address

**Boynton Beach, FL 33435**

City/State and Zip Code

**brettp@otstreatment.com**

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

For further information concerning this matter, please call:

**Brett Passeroff** at ( **561** ) **860-2994**  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Submitting 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: Oceanview Treatment Solutions, LLC

2. (a) 236 SE 23rd Ave.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Boynton Beach, FL 33435

(b) 236 SE 23rd Ave

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Boynton Beach, FL 33435

01/02.2015

L15000000599

3. Date of filing/registration in Florida

4. Document number

5. (a) Connie Rafferty

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

19492 Saturnia Lakes Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton, FL 33498

(b) Nicholas Biscardi

Enter name of NEW Registered Agent and/or NEW Registered Office address:

236 SE 23rd Ave

NEW Registered Office Address:

Boynton Beach, FL 33435

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Brett Passeroff  
Signature of a member or authorized representative of a member

Brett Passeroff

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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