## LI5 000014860

(Re	equestor's Name)	
(Ad	ldress)	
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	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: January 21, 2021

Order#: 614762/116

Re: OCP VENEZIA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

Issue Proof of Filing.
Return Regular Mail in the enclosed envelope.

Attn: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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. N	lame of the limited liability company: OCP VENEZIA	, LLC		
2. (a)	535 MADISON AVENUE 6TH FLOOR	(b) 535 I	535 MADISON AVENUE 6TH FLOOR	
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 BOX)	
	NEW YORK, NY 10022	NEW	YORK, NY 10022	
	01/26/2015	L1500	0014860	
3. 5. (a	Date of filing/registration in Florida  CT CORPORATION SYSTEM	4.	Document number	
(e	Registered Agent and Registered Office shown on the records of 1200 S. PINE ISLAND ROAD #250	f the Florida Dept. o	f State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	PLANTATION, FI	L		
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		
	Corporation Service Company		· · · · · · · · · · · · · · · · · · ·	
	NEW Registered Office Address:  1201 Hays Street			
	Tallahassee, Fi	L		
chang agent was/v the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the mature of a member or authorized representative of a member	e registered officiability company of the limited liability limited liability	the and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in company.  Authorized Person  Printed or typed name of signee	
provi the o to me notifi	reby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete hligations of my position as registered agent as provide erely reflect a change in the registered office address. I ted in writing of this change.	e performance of ed for in Chapter hereby confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been by, Asst. Vice President	

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