K15 COCO83352

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(2.1,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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05/25/22--01011--005 **25.00



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COVER LETTER

TO: Registration Section Division of Corporations						
OCEANA 6026 LLC						
SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
Kristen Carter						
Name of Person						
December Incorporated						
Paracorp Incorporated						
Firm/Company						
2804 GATEWAY OAKS DRIVE #100						
Address						
SACRAMENTO , CA 95833						
City/State and Zip Code						
PARACORP@MYPARACORP.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
KRISTEN CARTER	at (800	533-7272				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:		IAILING ADDRESS:				
Registration Section	egistration Section					
Division of Corporations	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314						
Tallahassee, Florida 32301	11	andrawov, i fortum 2001 f				
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	<u> </u>	S55 Filing Fee & Certified Copy				

INHS18 (2/14)

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. Na	ame of the limited liability company: OCEANA 60	3S LLC 			
2. (a)		(b)			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3323 NE 163RD STREET, SUITE 403 NORTH MIAMI BEACH, FL 33160		
	3323 NE 163RD STREET, SUITE 403	3323			
	NORTH MIAMI BEACH, FL 33160	NORT			
	05/12/2015	L15000	0083352		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CORPORATE MAINTENANCE SERVICES	SLLC			
). (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of S	State:		
	Registered Office Address	ADDRESS)			
	MIAMI F	L 33131			
(b)	SETH G. COHEN, ESQ.	FIL 2022 HAY 25 SECRETARY BALLAHASSE			
(0)	Enter name of NEW Registered Agent and/or NEW Registere	ma z			
	GRAYROBINSON, P.A.,				
	NEW Registered Office Address:		- 2:26		
	301 E. PINE ST., STE. 1400				
	ORLANDO, F	32801			
the cha agent was/w was/w the art Signa I here provise the object of mer	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the nure of a member or authorized representative of a member by accept the appointment as registered agent and aging a ligations of all statutes relative to the proper and complete ligations of any fastion as registered agent as provided in writing of the change.	of the registered of liability company, of the limited liab e limited liability of SETH G. Correction this control of the limited liability of the limited liability of SETH G. Correction this control of the limited liability of the liability of th	fice and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in company. COHEN, ESQ. Printed or typed name of signee to comply with the compacity. I further agree to comply with the		
	are o Registered Agent				