15000 138 189

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			

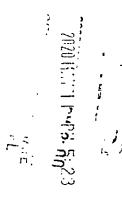
Office Use Only



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MAR 3 () 2020 C Kinsey



March 30, 2020

MARC BELL 6800 BROKEN SOUND PKWY NW STE 200 BOCA RATON, FL 33487

SUBJECT: 103 OCEAN PLAZA LLC

Ref. Number: L15000138189

We have received your document for 103 OCEAN PLAZA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00006929

Catherine M Wood Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 103 Ocean	Plaza LLC Name of Limited Lie	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and i	feets) are submitted for filing
	2	•
Please return all correspondence concerni	ng this matter to the f	ollowing:
Marc Bell Name of Person		
Name of Person		
103 Ocean Plaza LLC		
Firm/Company		_
6900 Broken Sound P Address	kwy NW S	<u>te</u> .200
BOCA Raton FL 334 City/State and Zip Co	487 ode	
mbell @ marebell.com E-mail address: (to be used for futur	e annual report notifi	cation)
For further information concerning this m	atter, please call:	
Marc Bell Name of Person	at (<u>561</u>) 988-1701 Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follo	owing amount:	
□ \$25 Filing Fee	U \$5	5 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.

(a) 6800 Broken Sound Pkwy No Principal office address of limited liability company:	<u>U_</u>	(b) <u>ს 80 ს</u>	Mailing address	of limited l	ability company;	NΝ
(<u>Note: MUST BE STREET ADDRESS</u>)			(<u>Note: MAY</u>	<u>BE POST (</u>	<u> PFFICE BOX</u>)	
Suite 200		Suite	2 200			
Buca Ratur FL 33487		Boca	Raton	FL	33487	
3(12/2015		L150	70133189			
. Date of filing/registration in Florida	4.		Document nu	ımber		
(a) JO-Jean Figuerra, Esq. Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Sta	 He:			
6800 Broken Sound PKWY N						
Registered Office Address (MUST BE FLORIDA STREET		<u>(SS)</u>				
Suite 200			_		20201	
Boca Raton F	33	पश् न				
No Cot (No Cot)		<u> </u>				
(b) Marc Bell					- 2	
Enter name of NEW Registered Agent and/or NEW Registere	l Office	address:			드: 년: /	
					V	
6800 Broken Sound PKWY NEW Registered Office Address:	110					
Suite 200						
Beca Raton F	L <u>33</u>	487				
the limited liability company is not organized under the la	ws of th	ne State of F	lorida, it is her	eby confi	rmed that after t	ihe
hange or changes are made, the Florida street address of the	registe	ered office a	nd the busines:	s office of	the registered	
gent will be identical. Or, in the case of a Florida limited livas/were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	of the li	imited liabili	ity company or	as othery	vise provided in	'
			11 - Mana Printed or type	anes		
Signature of a member or authorized representative of a member	1.	<u> </u>	Printed or type	d game of s	ianee	_

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

Signature of Registered Agent