L15000140680

| (Requestor's Name) | | | | |
|---|--------------------------|--|--|--|
| (Address) | | | | |
| | (Address) | | | |
| | (City/State/Zip/Phone #) | | | |
| PICK-UF | P WAIT MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions Special Instructions A G C C C C C C C C C C C C C C C C C C | | | | |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--------------|---|--|
| | in community | 717 I I Z | |
| SUBJECT: GREEN OCEAN REAL ESTATE LLC Name of Limited Liability Company | | | |
| | | | ······································ |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Of | ffice Cha | nge and | fee(s) are submitted for filing. |
| Please return all correspondence concerning t | his matte | er to the | following: |
| Tae Shin | | | |
| Name of Person | | | |
| Shin Law Firm, P.A. | | | |
| Firm/Company | | | |
| 201 E. Pine St., Suite 320 | | | |
| Address | | | |
| Orlando/ FL 32801 | | | |
| City/State and Zip Code | | | |
| tshin@shinlawgp.c | | | |
| E-mail address: (to be used for future an | inual rep | ort notif | ication) |
| For further information concerning this matte | r, please | call; | |
| Tae Shin | at (_ | 407 | 730-7814 |
| Name of Person | | | Arca 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 followin | д атоыг | ıt: | |
| 🔊 \$25 Filing Fee | | □ \$5 | 55 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. 8 | Name of the limited liability company:GREEN OCE. | AN KEAI | . ESTATE ELC | |
|--|---|---|--|--|
| 2. (a | 201 E. Pine St. | (h) | 201 E. Pine St. | |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Suite 320 | | Suite 320 | |
| | Ortando, FL 32801 | | Orlando, FL 32801 | |
| | 08/17/2015 | | L15000140680 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a |) MALKA, REBECCA | | | |
| (. | Registered Agent and Registered Office shown on the records of th | he Florida De | ppt. of State: | |
| | 1200 BRICKELL AVENUE | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | 1950 | | | |
| | MIAMI , FL_ | 33131 | <u>,</u> | |
| (b | TAF SHIN | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered C | Office addre | | |
| | SHIN LAW FIRM, P.A. | | 17 JUN 18 | |
| | NEW Registered Office Address: | | SSS | |
| | 201 E. PINE ST., SUITE 320 | | | |
| | | , , , , , | 75° 3 77 | |
| | ORLANDO FL | 32801 | | |
| the clagent was/v | limited liability company is not organized under the law tange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l | the register bility comp I the limite | ate of Florida, it is hereby confirmed that after red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in | |
| | | | Printed or typed name of signee | |
| - | ature of a member be eathorized representative of a member | | - | |
| the ot to me | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I have a first change. | ee to act in performanc for in Cha ereby conf. | this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed firm that the limited liability company has been | |
| Signal | ure of Registered Agent | | | |