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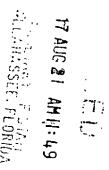
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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
 SUBJE	1655 OS, LLC					
50505	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please r	return all correspondence concerning this ma	atter to the following:				
Thoma	as D. Wright, Esq.					
	Name of Person					
Law C	Offices of Thomas D. Wright, Chartere	ed				
	Firm/Company					
9711	Overseas Highway					
	Address					
Maratl	hon, FL 33050					
	City/State and Zip Code					
sue@	keysclosings.com					
E-	mail address: (to be used for future annual r	eport notification)				
For furt	her information concerning this matter, plea	ise call:				
Susan Lovley 30		305 743-8118				
	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				

## 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	me of the limited liability company: 1655 OS, LLC	C			
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)  DX 510662	
	1655 Overseas Highway		P. O. B		
	Marathon, FL 33050 001/26/2016		Key Colony Beach, FL 33051 L16000018917		
3.	Date of filing/registration in Florida	_ 4.		Document number	
5. (a)					
. ( <del>.,</del>	Registered Agent and Registered Office shown on the records of Greg Coldiron	the Flori	da Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET) 43 Kyle Way South	ADDRES	<u>(S)</u>	_	
	Marathon , FI	3305	)	- 4	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Thomas D. Wright, Esq.			17 AUG 21 AM IJ: 49	
	W Registered Office Address:		- 98 7 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	9711 Overseas Highway			- S G	
	Marathon , FI	33050	)		
the cha agent v was/we the arti	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 liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member of authorized representative of a member	The reg ability of the li limited	istered offic company, it mited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  Panskyy	
I here provisi the ohl to merc putified	by accept the appointment as registered agent and age on some of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I trowriting of this change.  The of Registered Agent	ree to a perform d for in hereby	et in this cap nance of my Chapter 60 confirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accepts, F.S. Or, if this document is being filed the limited liability company has been	

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