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COVER LETTER



TO:

Registration Section Division of Corporations

Blue Ocean Wealth Managem	nent, LLC			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change an	d fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the	e following:		
Matthew J. Lapointe, Esq.				
Name of Person				
Blalock Walters				
Firm/Company				
802 11th Street West				
Address				
Bradenton, FL 34205				
City/State and Zip Code				
joshua.ballard@blueoceanwealthmanag	ement.con	n		
E-mail address: (to be used for future annu-	al report not	ification)		
For further information concerning this matter, p	lease call:			
Matthew J. Lapointe, Esq.	941 at (748-0100		
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 a	imount:			
\$25 Filing Fee		\$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. N	Name of the limited liability company: Blue Ocean V	Nealth Man	agement, 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)	
	3382 Peterborough Place	33	82 Peterborough Place	
	Palm Harbor, FL 34684	Pa	ılm Harbor, FL 34684	
	06/23/2016	L16	000121209	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)			
٥. (د	Registered Agent and Registered Office shown on the records of	the Florida Dept	t. of State:	
	Matthew J. Lapointe, Esq.			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1010 N. Florida Ave.			
	Tampa	_33602		
	1.			
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>.</u>		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	\$	
	Blalock Walters, P.A.			
	NEW Registered Office Address:	<u> </u>		
	802 11th Street West			
				
	Bradenton	L_34205		
the c agen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	aws of the Star of the registere iability compa of the limited e limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee	
prov the o to m notif	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete ibligations of my position as registered agent as provide erely reflect a change in the registered office address, had in writing of this change. The change in the change in the registered office address, had in writing of this change.	e performance ed for in Chaj I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	

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