

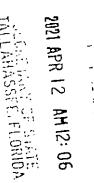
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations		•			
OFSA NORTH LLC					
SUBJECT:	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered (Office Change and fee	e(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to the fol	lowing:			
SORRELL I. STRAUSS					
Name of Person					
OFSA NORTH LLC					
Firm/Company					
821 SE OCEAN BLVD., STE A					
Address					
STUART, FL 34994					
City/State and Zip Cod	e	•			
SSLRET21@GMAIL.COM					
E-mail address: (to be used for future	annual report notifica	tion)			
For further information concerning this mat	ter, please call:				
SUE LACROIX	772 at (418-0919			
Name of Person		Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following	ing 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.

) ()	SORRELL STRAUSS	SORRELL STRAUSS	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	821 SE OCEAN BLVD., STE A	821	SE OCEAN BLVD., STE A
	STUART, FL 34994	STU	JART, FL 34994
	12/07/2016	1.1600	00222053
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	FOX, MICHAEL L		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	3743 SE WILLOUGHBY BLVD		-1 2
	STUART . FI	34994	ALLIAN
(b)	SORRELL I STRAUSS		2021 APR 12
,	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	
	821 SE OCEAN BLVD., STE A		AM 12: 06 EFFLORIDA
	NEW Registered Office Address:		
		24004	
	STUART	_34994 	
hange igent w vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered offi ability compan of the limited li limited liabilit	ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Signat	ure of a member or authorized representative of a member	-	Printed or typed name of signee
provisio he obli o mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I it is writing of this change	ree to act in thi performance of d for in Chapte hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accep or 605, F.S. Or, if this document is being filed a that the limited liability company has been