

L16000222053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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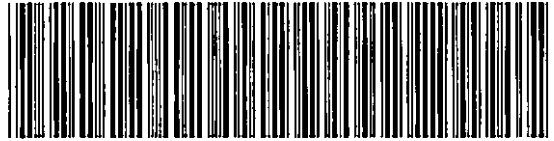
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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**COVER LETTER**

**TO:** Registration Section  
 Division of Corporations

**SUBJECT:** OFSA NORTH LLC  
 \_\_\_\_\_  
 Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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 Code

SSLRET21@GMAIL.COM  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUE LACROIX \_\_\_\_\_ 772 \_\_\_\_\_ 418-0919  
 \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
 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 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. Name of the limited liability company: OFSA NORTH LLC

2. (a) SORRELL STRAUSS (b) SORRELL STRAUSS  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
821 SE OCEAN BLVD., STE A 821 SE OCEAN BLVD., STE A  
STUART, FL 34994 STUART, FL 34994  
12/07/2016 116000222053

3. Date of filing/registration in Florida 4. Document number

5. (a) FOX, MICHAEL L.  
 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  
STUART, FL 34994

(b) SORRELL I STRAUSS  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
821 SE OCEAN BLVD., STE A  
**NEW Registered Office Address**:  
STUART, FL 34994

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 2021 APR 12 AM 12:06

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 SORRELL I. STRAUSS  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
 Signature of Registered Agent