

L18000194571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

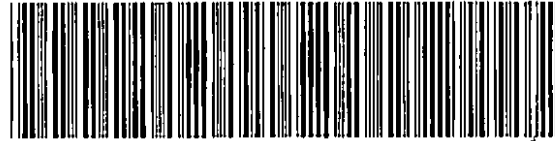
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000323957330

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 JAN 30 AM 8 52

FILED

19 JAN 30 PM 4:08


○ SIMMONS  
FEB 01 2019



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 607959 8038350

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : January 30, 2019

ORDER TIME : 2:54 PM

ORDER NO. : 607959-005

CUSTOMER NO: 8038350

CHANGE OF AGENT

NAME: 227 OCEAN TERRACE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 227 Ocean Terrace 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:

Rowland M. Smith III

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1800 Byberry Road, Suite 1100

\_\_\_\_\_  
Address

Huntingdon Valley, PA 19006

\_\_\_\_\_  
City/State and Zip Code

Rowland.Smith@bakertilly.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) 215-544-6118  
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. Name of the limited liability company: 227 Ocean Terrace LLC
2. (a) 1800 BYBERRY RD (b) 1800 BYBERRY RD  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- STE 1100 STE 1100  
HUNTINGDON VALLEY, PA 19006 HUNTINGDON VALLEY, PA 19006
3. 08/14/2018 4. L18000194571  
Date of filing/registration in Florida Document number
5. (a) ASPLUNDH, KYLE P  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
18096 TAYLOR RD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
JUPITER, FL 33478
- (b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1201 Hays Street  
NEW Registered Office Address:  
Tallahassee, FL 32301

FILED  
19 JAN 30 AM 8:52  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

Rowland M. Smith III ROWLAND M. SMITH III  
Signature of a member or authorized representative of a member Printed or typed name of signer

*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.*

Roxanne Turner  
Signature of Registered Agent Corporation Service Company BY: Asst. Vice President

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