## 1190000 94524

GnEG LENTINE (Requestor's Name)							
(Requestor's Name)							
1401 SE NIVENSINE DN (Address)							
(Address)							
STUANT FC 349.96 (Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
OG G I L C (Business Entity Name)							
(Business Entity Name)  L 19000945 24  (Document Number)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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SEUKETARY OF STATE
TALL A MASSEE FLORID.

APR 27 2070

## COVER LETTER

and the same

TO:

Registration Section Division of Corporations

SUBJECT: OG G1 LLC
SUBJECT: OG G   L L C   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:
Great LENTINE  Name of Person
OGGI LCC Firm/Company
1401 SE NIVERSIDE DA
STUANT FC 34996 Clty/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gned Lentine at (407) 2-30 - 2001  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303
Enclosed is a check for the following amount:
\$25 Filing Fee
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.

Name of the limited liability company:	Kg 6	1	66	,. 				
		(b)						
2. (a) Principal office address of limited liability con  (Note: MUST BE STREET ADDRESS		_ (0)		_	address of lim : MAYBE PO	-		y:
1401 SE NIVERSI	E 1	)ر			59m			
STUANT, FC 34	996	<u> </u>						-
3. Date of filing/registration in Florida		. <b>-</b>		<u> </u>	10000	945	24	
- · ·					nent numbe			
5. (a) ConponATE CheaT Registered Agent and Registered Office shown on the	records of t	NE- he Florida I	Pept, of Stat	<sub>іс:</sub>	INC			
Registered Office Address <u>MUST BE FLORIDA</u>		DDRESS)	-	_		>~ >> ⊗ (= ET)	2020	
		·7-7	-	_		C A	1020 APR 24	٠-,
NONTH PAIM BEACH	FL	534	08	_		S Y	R 2	
(b) GAEG LENTINE				-		SEC.		;
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered	Office add	ress:			200	PH 12:	
14/01 SE RIVERSI	NE	DA		_		REC	: 29	
NEW Registered Office Address:								
STUART	, FL	34	996	_				
If the limited liability company is not organized unchange or changes are made, the Florida street addragent will be identical. Or, in the case of a Florida was/were authorized by an affirmative vote of the naticles of organization or the operating agreement	ler the law ess of the limited lia nembers o	rs of the S registered bility con f the limi limited lia	State of FI Loffice an apany, it i led liability ability cor	id the b is hereb ty comp iipany.	usiness of the by confirmed pany or as of	ce of the re I that the c therwise p	egistere hange(s	a s)
Signature of a member or authorized representative of a men	nber		01.10	Printee	L E ~ T.  I or typed nam	ic of signee		· <del>····</del>
Thereby accept the appointment as registered ager provisions of all statutes relative to the proper and the obligations of my position as registered agent a to merely reflect a change in the registered office a notified in writing of this change.  Signature of Registered Agent	t and agre complete p s provided laress, I h	ve to act i performa I for in Ci perchy coi	n this cap we of my iapter 60, yirm that	acity. Auties, 6, F.S. the lim	l jurther agr and I am fa Or, if this d ited liability	rce to com miliar wid ocument is v company	ply with and ac being has bed	i the ocept filed m