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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (855)330-1010

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Email	Address:	

LLC REGISTERED AGENT CHANGE OC GARDEN LLC

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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	ame of the limited liability company: oc garde	n IIc					
2. (a)		_(b) 801 8	TH ST				
ψ. (ii)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	UNIT 205	UNIT	205				
	MIAMI BEACH, FL 33139	MIAMI	BEACH, FL 33139				
	12/06/19	L19000	0298303				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	OC GARDEN						
J. (u,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	ate:				
801 8TH ST							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	Unit 205						
	MIAMI BEACH	_L 33139	2020 SEP SECRETA				
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address: STE 300	d Office address:	FILED FP 16 AM 8:47 FANKSSEE FALE				
	312 300						
	St. Petersburg	_L 33702					
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered offi lability company, it of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.				
Signature of a member or authorized representative of a member			Printed or typed name of signee				
provis the ob to men notifie		ree to act in this co e performance of m ed for in Chapter 6 hereby confirm the nt Secretary	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been				
Signat	ure of Registered Agent						