## LZO 000 199495

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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.

(a)	5212 Camelot Dr W Sarasota Fl 34233	(b) 502	20 Clark Rd # 350 Sarasota Fl 34233
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7/13/2020		000199495
	Date of filing/registration in Florida	4.	Document number
(a)	Yvonne A. Vansickle		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	5212 Camelot Dr W		202 7. 7.
	Sarasota	Fl 34233	2020 AUG -7 SEGRETARN TALLAHA
		<u> </u>	AHR C
(b)			ري
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	
	Robert B. DiMenna		MII:00
	NEW Registered Office Address:		
	, F	L	<del></del>
nge nt v s/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered of lability compa- of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	type a valide  nury of a member or authorized representative of a member	Yvonne A	A. Vansickle
ignat	of a member or authorized representative of a member		Printed or typed name of signee
erel visi obl	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a-shappe in the registered office address, I	ree to act in the performance ed for in Chapte hereby confin	is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file on that the limited liability company has been

## State of Florida Department of State

I certify from the records of this office that OCEANLOVER1970 LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on July 13, 2020, effective July 10, 2020.

The document number of this company is L20000199495.

I further certify that said company has paid all fees due this office through December 31, 2020, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 200720180940-100348062721#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of July, 2020



Laurel M. Lee Secretary of State