

L20 000 320 889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

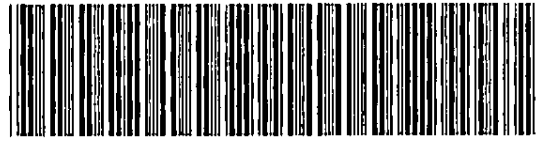
(Business Entity Name)

(Document Number)

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2021 MAR - 1 PM 12:07
DIVISION OF CORPORATIONS

MAY 15 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations
2030 S Ocean dr 419 LLC

SUBJECT: _____
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:

Die Kenny Registered Agent (Removed)
Name of Person

2030 S Ocean Dr 419 LLC
Firm/Company

4200 N Ocean Dr 1-1104
Address

Riviera Beach fl 33404
City/State and Zip Code

kiyaneli@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Shimabukuro at () 954-647-0774
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.

2030 S Ocean Dr 419 LLC

1. Name of the limited liability company: _____
4200 N Ocean Dr 1-1104 Riviera beach fl 33404

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

10/09/2020 1.20000320889

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

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
4200 N Ocean Dr 1-1104
Riviera Beach 33404
FL _____

Elizabeth Shimabukuro
(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4200 n Ocean Dr 1-1104
NEW Registered Office Address:
Riviera Beach 33404
FL _____

2021 MAR - 1 PM 12:07

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.

Signature of a member or authorized representative of a member Elizabeth Shimabukuro
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 change in their registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent