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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (950) 617-6383

From: Account Name : FISHER, TOUSEY, LEAS & BALL  
Account Number : 11999000021  
Phone : (904) 356-2600  
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LLC REGISTERED AGENT CHANGE  
6 OCEAN WAY, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

H21000095293

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: 6 Ocean Way, LLC

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

82 1/2 Charlotte Street, Suite E
St. Augustine, Florida 32084

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St. Augustine, Florida 32084

March 3, 2021

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

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

Fisher, Tousey, Leas & Ball, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

501 Riverside Avenue, Suite 600

Jacksonville, FL 32202

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Michael A. DeLorenzo

NEW Registered Office Address:

82 1/2 Charlotte Street, Suite E

St. Augustine, FL 32084

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STATE OF FLORIDA
DEPARTMENT OF STATE

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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.

Michael A. DeLorenzo

Signature of a member or authorized representative of a member

Michael A. DeLorenzo, Authorized Representative

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 a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael A. DeLorenzo

Signature of Registered Agent

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