L21000164768

(Requestor's Name)					
(Address)					
(Adcress)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
'ed Copies Certificates of Status					
e cial Instructions to Filing Officer:					

Office Use Only



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2023 JAH -5 MI 9: 50



A DUFFT 7

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195				
	REFERENCE	:					
	AUTHORIZATION	:	mulli de man				
	COST LIMIT	:	\$ 25.00				
ORDER DATE	: December 30, 202	22					
ORDER TIME	: 2:07 PM						
ORDER NO.	: 299608-005						
CUSTOMER NO): 7996530						
		· -					
	CHANGE OF A	<u> GEN</u>	<u>T</u>				
NAME: 137 OCEAN DRIVE LLC							
PLEASE RETU	JRN THE FOLLOWING AS	PR	OOF OF FILING:				
CERTIFIED COPY							
XX PLA	AIN STAMPED COPY						

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

Division of Corporations				
137 Ocean drive LLC SUBJECT:				
	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
William Hoffman				
Name of Person				
137 Ocean Drive LLC				
Firm/Company				
600 W Flagler St. Suite 200				
Address				
Miami FL 33130				
City/State and Zip Code				
Katherined@hkam.us E-mail address: (to be used for future annual re	port notification)			
For further information concerning this matter, please				
William Hoffman	786 y 510-6548			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amou	nt:			
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

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.

I. Na	ame of the limited liability company: 137 Ocean driv	e LLC		
			h)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	66 W. FLAGLER STREET, 200		66 W. F	LAGLER STREET, 200
	MIAMI, FL 33130	_	MIAMI, I	FL 33130
	04/09/2021		L2100016	64768
3.	Date of filing/registration in Florida	4.		Document number
5 (-)				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of Sta	_ ale:
	G, B, B-B REGISTRIES, LLC			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u> (<u>S)</u>	— [2]
	7301 SW 57TH COURT, 560	123		
	South Miami , FI	2023 JAN -		
	, , ,	L		—
(b)				-
()	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	
	Corporation Service Company			50
	NEW Registered Office Address:			
	1201 Hays Street			_
	Tallahassee , FI	32301		_
change agent v was/we the arti	imited liability company is not organized under the lared changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited licre authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e register ability co of the lir limited	ed office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. an
-	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It is writing of this change.	ree to ac perform d for in t hereby c	t in this cap cance of my Chapter 60, onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	Katherine Carney			
Signatu	re of Registered Agent			