## 121000 201 668

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(Address)				
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## **COVER LETTER**

TO: Registration Section  Division of Corporations	
Ocean Reef Terra LLC SUBJECT:	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Richard C. M. Mallory	
Name of Person	
Terra Innovations, Inc.	
Firm/Company	<del></del>
1607 Rolling Road	
Address	
Bel Air, Maryland 21014	•
City/State and Zip Code	<del></del>
rich@terrainnovations.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	II:
Richard C. M. Mallory 202 at (	251-8263
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.

(a)	24 Dockside Lane		(b) <u>24 Doc</u>	kside Lane
ν-, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#24	_	#24	
	Key Largo, FL 33037	_	Key Lai	rgo, FL 33037
	05/04/2021		1,2100020	07668
	Date of filing/registration in Florida	4.		Document number
(a)	William Becker			
	Registered Agent and Registered Office shown on the records of th	ne Flor	da Dept. of S	tate:
	24 Dockside Lane			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	SS)	
	#24			F JAULES TALLA
	Key Largo	33037		
	, FL			FIL RETARN CLAHA
(b)				N-9 PM TARY OF TARASSEE
	Enter name of NEW Registered Agent and/or NEW Registered C	Office :	nddress:	EE. F
	410 Ponte Vedra Blvd.			FL FATE
	NEW Registered Office Address:			
	Ponte Vedra Beach	32082		
	, FL		<del>.</del>	<del></del>
ange ent w is/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste vility of the li	red office a company, it mited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
		W	illiam H. Be	ecker
	are of a member or authorized representative of a member		·	Printed or typed name of signee
ovisia obli <b>vers</b> a	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided burglect a change in the registered office address. I he imwriting of this change.	e to a erfori for in reby	et in this can nance of m Chapter 6 confirm the	spacity. I further agree to comply with the y duties, and I am familiar with and acce 05, F.S. Or, if this document is being file at the limited liability company has been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent