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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/02/2023					
	Jennifer	_				
	#:2122176					
Entity Name: R & S OCEAN VIEW, LLC						
☐ Artic	cles of Incorporation/Authorization					
— ✓ Cha	nge of Agent					
Rein	nstatement					
Con	version					
☐ Merç	ger					
☐ Diss	olution/Withdrawal					
☐ Ficti	tious Name					
Othe	er					
Authorized Signature:						

F: 800.944.6607

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.

2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		3	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	No Change		No Char	nge
	May 19, 2022		L	22000233990
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MARTINKUS, PÉTER J			
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida	Dept, of State	::
	49 N. FEDERAL HIGHWAY APT, NO. 39	1		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		-
				· .
	DOMBANO REACH	01460		•
	POMPANO BEACH	_{FL} 01460		- , , , , , , , , , , , , , , , , , , ,
(b)	COGENCY GLOBAL INC.			
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	ress:	·
				വ
	115 North Calhoun St., Suite 4			<u>~</u>
	NEW Registered Office Address:			
	Tallahassee	_{FL} 32301		-
	Tananassee	J. L. 02001		
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of t	of the regis Hiability co is of the limi	tered office mpany, it is ted liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	/s/ Joshua S. Wernig Joshua S. W			rnig
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completions of my position as registered agent as providy reflect a change in the registered office address, I in writing of this change.	agree to act vic performa ded for in C I hereby co	in this cape ince of my c hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am jamiliar with and accept. F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent Michael Carlisle, Assistant Secretary Division of Corporations P.O. Box 6327