

L22000341551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

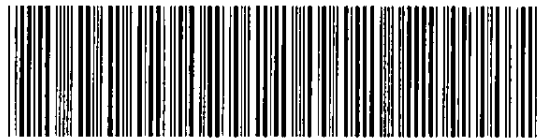
(Business Entity Name)

(Document Number)

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2023 JUL 25 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 21 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 23 Ocean Shore LLC  
Name of Corporation

**DOCUMENT NUMBER:** L22000341551

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Cassens

Name of Contact Person

23 Ocean Shore LLC

Firm/Company

16609 W Course Dr

Address

Tampa, FL 33624

City/State and Zip Code

23oceanshore@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Cassens

Name of Contact Person

at (813)

235-3459

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**Street Address:**

Amendment Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation: 23 Ocean Shore, LLC
- The principal office address: 16609 W Course Dr, Tampa, FL 33624
- The mailing address (if different): 15005 Nature Walk Dr, Tampa, FL 33624
- Date of incorporation/qualification: 08/03/2022 Document number: L22000341551
- The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

INC AUTHORITY RA

390 NORTH ORANGE AVE., STE 2300-N

ORLANDO, FL 32801

- The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Cassens

15005 Nature Walk Dr

P.O. Box NOT acceptable

Tampa, FL 33624

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUL 25 AM 9:08

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

DocuSigned by:

Michael Cassens

Signature of an officer or director

Michael Cassens - Manager/Owner

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

DocuSigned by:

Michael Cassens

Signature of Registered Agent

07/19/2023

Date

If signing on behalf of an entity:

Typed or Printed Name

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)