L22000508283

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000340766 3)))

H230003407663ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : API AGENT SOLUTIONS, INC.
Account Number : I20230000143
Phone : (888)314-3998
Fax Number : (518)514-1288

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED 2023 SEP 28 AM 11:54 DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
WAVES OF THE SEA OCEAN VIEW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

2023 SEP 28 PM 6:01 APPROVED AND FILED

Electronic Filing Menu Corporate Filing Menu Help

SEP 28 2023

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAVES OF THE SEA OCEAN VIEW, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe DiGaetano
Name of Person

SPI Agent Solutions, Inc.
Firm Company

524 S. 2nd Street Suite 505
Address

Springfield IL 62701
City/State and Zip Code

rad@spinationwide.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe DiGaetano at (512) 309-1153
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

1. Name of the limited liability company: WAVES OF THE SEA OCEAN VIEW, LLC

2. (a) 556 E. HIGHLAND ROAD
MACEDONIA, OH 44056
Principal office address of limited liability company
(*Note: MUST BE STREET ADDRESS*)

(b) 556 E. HIGHLAND ROAD
MACEDONIA, OH 44056
Mailing address of limited liability company
(*Note: MAY BE POST OFFICE BOX*)

3. 12/06/2022
Date of filing/registration in Florida

4. L22000508283
Document number

5. (a) UNIVERSAL REGISTERED AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
1317 CALIFORNIA STREET
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
TALLAHASSEE, FL 32304

(b) SPI Agent Solutions, Inc.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**
1540 GLENWAY DR
NEW Registered Office Address
TALLAHASSEE, FL 32301

APPROVED AND FILED
2023 SEP 28 PM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

/s/ Peter D Brosse
Signature of a member or authorized representative of a member

Peter D Brosse
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.

Lindsay Gates President SPI Agent Solutions, Inc.
Signature of Registered Agent

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