

L24 000 262 731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

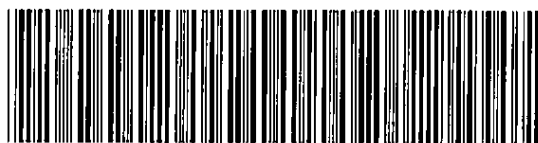
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Breeze Recovery Housing II 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:

Andrea Chauncey-Horsky

Name of Person

Ocean Breeze Recovery Housing II LLC

Firm/Company

3589 S Ocean Blvd., Unit 403

Address

South Palm Beach FL 33480

City/State and Zip Code

oceanbreezehousing@gmail.com

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

For further information concerning this matter, please call:

Andrea Chauncey-Horsky

at (561) 543-6444

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: Ocean Breeze Recovery Housing II LLC

2. (a) Ocean Breeze Recovery Housing II LLC (b) _____

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3589 S Ocean Blvd., Unit 403

Palm Beach, FL 33480

June 10, 2024

1.24000262731

3. Date of filing/registration in Florida

4. Document number

5. (a) Summer N. Chauncey-Bell

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Summer N. Chauncey-Bell

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3589 South Ocean Blvd., Unit 403

Palm Beach, FL 33480

(b) Andrea Chauncey-Horsky

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Andrea Chauncey-Horsky

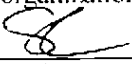
NEW Registered Office Address:

3589 S Ocean Blvd., Unit 403

Palm Beach, FL 33480

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN 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.


Signature of a member or authorized representative of a member

Summer N. Chauncey-Bell

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.

Andrea Chauncey-Horsky
Signature of Registered Agent