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SECRETÁRY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: TRANSOCEAN PROP	PERTIES, L.C. e 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 concernin	g this matter to the following:
Wilfred J. Freeman, Esq.	
(Name of Person)	
Law Offices of Wilfred J. Freeman (Firm/Company)	
(Thib Company)	
199 Figueroa St., 3rd Fl.	
(Address)	
Ventura, CA 93001	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Wilfred J. Freeman	at (805) 643-6280
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
	☐ \$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 608.416 or 608.508, 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: TRANSOCEAN PROPERTIES, L.C.						
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 190 Old Dixie Highway Vero Beach, FL 32962				
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOVE	NVISION OF			
11	1/6/19	992	L92000000019	PA S			
3.	Dat	e of filing/registration in Florida	4. Document number	?: R			
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	- 유			
		Registered Agent:	EARNEST E. DELAPLANE				
		Registered Office Address:	1701 HIGHWAY A1A VERO BEACH, FL 32963				
	(b)	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
		- <u>NEW</u> Registered Agent:	PAULA DELAPLANE				
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	190 OLD DIXIE HIGHWAY VERO BEACH ■,FL 32962				
tha of he lia lin	at affice reby bilit	imited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company. Could be liability company.	t address of the registered office and the ase of a Florida limited liability company	business it is			
(Pı	rinted herei mply 1 fan S. O nfirst	DELAPLANE or typed name of signee) by accept the appointment as registered agent and a with the provisions of all statutes relative to the pro iliar with and accept the obligations of my position r, if this document is being filed to merely reflect a y that the limited liability company has been notified	– gree to act in this capacity. I further agr oper and complete performance of my du as registered agent as provided for in Cl change in the registered office address, I I in writing of this change.	ee to ties, and I napter 608, hereby			
(Si		re of Registered Agent)	The Control of the Co	r.			

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