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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2000 UNIFOR	A BUSINESS	REPORT	(UBR)
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L99000001994

DOCUMENT #

1. Entity Name

O.C.E. THREE, L.L.C.

O-1	OL	- 4	Business	

Mailing Address

1900 SUMMIT TOWER BOULEVARD. SUITE 260

ORLANDO FL 32810

1900 SUMMIT TOWER BOULEVARD. SUITE 260 ORLANDO FL 32810-5918

		• •			
2. Principal P	lace of Business	3. Mailing Address		1 (00.00 01) 610 (00.00 (00.0) 600.0) 600.0) 60.00 (00.0) 60.00 (00.0) 60.00 (00.0) 60.00 (00.0)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	e	City & State		4. FEI Number Applied For Not Applicable	
<i>Z</i> íp	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	
			Name		
LEEKOWIT	TZ, HOWARD B		21	(DO Deviktions and Alexandria)	
	1900 SUMMIT TOWER BOULEVARD, SUITE 260		Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
		1L 200	ļ		
UHLANDU) FL 32810		<u> </u>		
			City	Zip Code	
				the desired services of Flexible	
. The above	named entity submits this statemen	it for the purpose of changing i	its registered office or regis	stered agent, or both, in the State of Florida.	
				ļ	
IGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable. (NO	OTE: Registered Agent signature req	uired when reinstating) DATE	
		FILE	NOW!!! FEE IS \$50.0	00	
		Make Check F	Payable to Departmen	t of State	
			•		
	MANAGING ME	MBERS/MEMBERS	10.	ADDITIONS/CHANGES	
ITLE	MGR	☐ Delate	TITLE	☐ Change ☐ Addition	
AME	LEFKOWITZ, HOWARD B		NAME	0000032500407	
TREET ADDRESS			STREET ADDRESS	-05/12/0001024025	
ITY-8T-ZIP	ORLANDO FL 32810	,	CITY- 8T- ZIP	**************************************	
ITLE		☐ Detecte	TITLE	☐ Change ☐ Addition	
IAME _			NAME		
TREET ADURESS			STREET ADDRESS	(
ITY-8T-ZIP	1		C1TY-8T-ZIP		
					

NAME STREET ADDRESS CITY-ST-ZIP	LEFKOWITZ, HOWARD B 1900 SUMMIT TOWER BOULEVARD, SUITE 260 ORLANDO FL 32810	NAME STREET ADDRESS CITY-ST-ZIP	0000032500407 -05/12/0001024025 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Detort	te TITLE NAME STREET ADDRESS CITY- 8T- ZEP	☐ Change ☐ Addition
TITLE RAME STREET ACCRESS CITY-ST-ZIP	Deter	NAME STREET ADDRESS CITY-ST-ZIP	Changs ; Addition
TITLE NAME 878EET ADDRESS CITY-81-ZIP	Delat	TITLE NAME STREET ADDRESS GITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Detert	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Cliange ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delist	TITLE NAME Street Address City-St-Zip	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same leggl effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes 11. I hereby certify that the information supplied

SIGNATURE:

SIGNATURE AND TYPE