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(Requestor's Name)	
(4.11-2)	
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COVER LETTER

TO: Registration Section Division of Corporations	·		
OXP HOLDINGS, LLC	0		
Sobiter.	Name of Limite	ed Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Register	ed Office Change	and fee(s) are submitted	for filing.
Please return all correspondence concern	iing this matter to	the following:	
Zena Clarke			7A 201
Name of Person			2019 JAN 18 P 11: 28 TALLAHASSEE, FLORIDA
c/o Stratus Investments, LLC			JAN 18 AHASSE
Firm/Company			THE TO
6413 Congress Avenue, Suite 11	0		1: 28
Address			F
Boca Raton, Florida 33487			
City/State and Zip C	Jode		
zclarke@breezercooling.com			
E-mail address: (to be used for futu	ire annual report r	notification)	
For further information concerning this r	natter, please call	:	
Zena Clarke	954 at (312-4607	
Name of Person		Area Code & Dayt	ime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS:	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32.	as
Enclosed is a check for the foll	owing amount:		
☑ \$25 Filing Fee		\$55 Filing Fee & Certi	fied 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. N	lame of the limited liability company: OXP HOLE	DINGS, LLO	
2. (a)	· · · · ·	(b)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6413 Congress Avenue, Suite 110		
	Boca Raton, Florida 33487		
	4/1/10	M:	1000001539
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Theodore R. Stotzer, Esq.		-7. 2
J. (a	Registered Agent and Registered Office shown on the records o	of the Florida De	pt. of State:
	c/o Stratus Investments, LLC		pt. of State: TALLAHASSEE, F
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	550 S.W. 12th Avenue, Suite 550		To b
	Deerfield Beach . F	33442	P II: 28 E.FLORIDA
(b)	Zena Clarke		بر ت
(-)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addre	<u></u>
	c/o Stratus Investments, LLC		
	NEW Registered Office Address:		
	6413 Congress Avenue, Suite 110		
	Boca Raton F	. _{L_} 33487	
the ch agent was/w the art Sign:	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the atture of a member or authorized representative of a member why accept the appointment as registered agent and actions of all statutes relative to the proper and completely reflect a change in the registered office address.	of the register liability composite of the limited liab liab Theocongree to act in the performance of the register of the performance of the liability of the l	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) deliability company or as otherwise provided in illity company. Hore R. Stotzer, Vice President Printed or typed name of signee this capacity. I further agree to comply with the register of my duties, and I am familiar with and accept

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

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Signature of Registered Agent