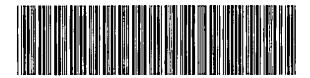
MN3 00000 6465

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(0)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
_				

Office Use Only



000355425130

12/09/20--01009--015 **25.00

!AN 2 5 2021 S. YOUNG





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 7, 2020

Order#: 532498-038

Re: LAKELAND COVE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX___ Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX __ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. Na	ame of the limited liability company:	OVE LLC	
2. (a)	1101 NORTH LAKE DRIVE	(b)_	1101 NORTH LAKE DRIVE
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LAKEWOOD, NJ 08701	L	AKEWOOD, NJ 08701
	10/11/2013	М	13000006465
3. 5. (a)	Date of filing/registration in Florida INCORP SERVICES, INC.	4.	Document number
). (a)	Registered Agent and Registered Office shown on the records of 17888 67TH COURT NORTH	of the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	LOXAHATCHEE, F	FL_33470	2929 DEC -9
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company	ed Office addre	9 PH 6:
	NEW Registered Office Address:		#
	1201 Hays Street		
	Tallahassee F	FL_32301	
change agent v was/we	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registered (liability comp s of the limite	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	ture of a momber or authorized representative of a member	Jill Cili	mi, Authorized Person
I here provisi the obl to mere	ture of a monifier of authorized representative of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in le performand led for in Cha I hereby conf	Printed or typed name of signee this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept spter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

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