## 113000006744

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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ACCOUNT NO. : I2000000195

REFERENCE : 882791 7610719

AUTHORIZATION : (

COST LIMIT

ORDER DATE: November 12, 2013

ORDER TIME : 9:43 AM

ORDER NO. : 882791-015

CUSTOMER NO: 7610719

## CHANGE OF AGENT

NAME: OCEAN UNITS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

## COVER LETTER

TO: Registration Section Division of Corporations			•	
Division of Corporations	.*		,	
OCEAN UNITS LLC				
SUBJECT: Name of	of Limited I	iabilit	y Company	· · · · · · · · · · · · · · · · · · ·
		•		
Dear Sir or Madam:	, i,		•	· ·
The enclosed Registered Agent/Registered	d Office Ch	ange ar	nd fee(s) are su	bmitted for filing.
Please return all correspondence concerning	no this mat	er to th	e following:	
			, ,	
Richard Ortoli			4 1	
Name of Person	:			
Sanders Ortoli Vaughn-Flam Rosenstadt LLP				
. Firm/Company			•	
				+ 35
501 Madison Avenue, 14th Floor	, i			1 ,
Address				· · · · ·
New York, NY 10022-5616	ć			· ·
City/State and Zip Code		: .		:
		:	•	÷ ;
rortoli@sovrlaw.com			:	
E-mail address: (to be used for future annual repor	nt notification)	}		¥
For further information concerning this ma	itter, please	call:		
Richard Ontoli	212	•	588-0022	
Name of Person	at (		, ,	Talahama Maida
Name of Person		Are	a Code & Daytime	Telephone Number
STREET/COURIER ADDRESS: Registration Section			ING ADDRES ration Section	S:
Division of Corporations	. :	Divisi	on of Corporatio	ns
Clifton Building 2661 Executive Center Circle			ox 6327 assee, Florida 32	2314
Tallahassee, Florida 32301		* *********		The state of the s
Enclosed is a check for the follow	ing amoun	ı <b>t:</b>		
□ \$25 Filing Fee	_		Filing Fee & Co	ertified Conv
_		ارددف =	· tumB'r.èe ee C	remon coby

INHS18 (5/08)

## 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.

agent,	or both, in the State of Florida.						
1. Na	me of the limited liability company: OCEAN UNIT	SLLC					
	Principal office address of limited liability compa	• .	E. STE. 803				
2. (a)	(Note: MUST BE STREET ADDRESS)	MAMI BEACH, FL 33139	5> ் ப்				
	(TOBE MODI BE STREET ADDRESS)						
			20 8 L				
<b>(b</b> )	Mailing address of limited liability company:	1688 MERIDIAN AVENUE	E, SITE: 803 ₹				
i	(Note: MAY BE POST OFFICE BOX)	MIAMI BEACH, FL 33139	<u>ν</u>				
			in the				
Octobe	er 23, 2013	M13000006744	<u> </u>				
3. Dat	te of filing/registration in Florida	4. Document number	1E 10A				
5. (a)	Registered Agent and Registered Office shown of	n the records of the Florida					
			-				
	Registered Agent:	CORPORATION SERVIC	ECOMPANY				
	Registered Office Address:	1021 HAYS STREET	•				
	Tagistated Office Address.	TALAHASSEE, FL 32301-	2525				
	·						
			· .				
(b)	Enter name of NEW Registered Agent and/or N	EW Registered Office add	ress:				
		GUIDO PO	The state of the s				
	NEW Registered Agent:	43,531.6					
	NEW Registered Office Address:	1688 MERIDIAN AVENUE	VENUE, STE. 803				
,	(MUST BE FLORIDA STREET ADDRESS)						
		MIAMI BEACH	,FL 33139				
TE AL A LE							
confirm	mited liability company is not organized under the ned that after the change or changes are made, the	laws of the State of Florida	a, it is hereby				
and the	business office of the registered agent will be iden	ntical. Or in the case of a B	lorida limited				
liability	company, it is hereby confirmed that the change inbers of the limited liability company or as otherw	s) was/were authorized by a	n affirmative vote of				
the mer	nbers of the limited liability company or as otherw	rise provided in the articles	of organization or				
the ope	rating agreement of the limited liability company.		. •				
	LURA		•				
Signature	of a member or authorized representative of a member		· .				
Richard	Ortoli, Authorized Representative:		* * * * * * * * * * * * * * * * * * * *				
Printed or	r typed name of signee	<del></del>	e f · t				
I hereb comply and I an Chapter address	y accept the appointment as registered agent and with the provisions of all statutes relative to the provisions of my parties of the provisions of my parties of the configuration of the configuratio	agree to act in this capacity oper and complete perform osition as registered agent erely reflect a change in the ny has been notified in writi	v. I further agree to nance of my auties, as provided for in e registered office ing of this change.				
Cinnet	of Registral Agent Guido Po						
originations.	of Registrati Agent Guido Po						

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

INHS18 (05/08)