

M13 00000 6744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

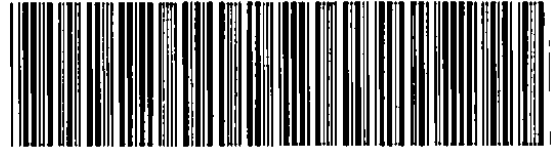
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ocean Units LLC

\_\_\_\_\_  
Name 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 concerning this matter to the following:

Ciro Campagnoli

\_\_\_\_\_  
Name of Person

Ocean Units LLC

\_\_\_\_\_  
Firm/Company

228 Park Ave. S., PMB 80405

\_\_\_\_\_  
Address

New York, NY 10003

\_\_\_\_\_  
City/State and Zip Code

cirocampagnoli@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ciro Campagnoli

at ( 646 )

506-8802

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
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 F*

1. Name of the limited liability company: Ocean Units LLC
2. (a) 228 Park Ave. S.  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**  
PMB 80405  
New York, NY 10003-1502
- (b) 228 Park Ave. S.  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**  
PMB 80405  
New York, NY 10003-1502
3. 10/23/2013  
Date of filing/registration in Florida
4. M13000006744  
Document number
5. (a) Guido Po  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1001 Brickell Bay Dr.  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
Suite 2016  
Miami, FL 33131
- (b) Ciro Campagnoli  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
382 NE 191st St.  
**NEW Registered Office Address:**  
PMB 80405  
Miami, FL 33179


777 23 61 8:17

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that all change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

CIRO CAMPAGNOLI  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent