

M150000001579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

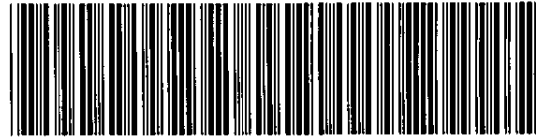
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 APR 23 PM 2:52  
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FILED  
15 APR 23 AM 6:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CRm  
4-24-15

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 600744 5021613

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

FILED  
15 APR 23 AM 6:11  
TALLAHASSEE FLORIDA  
CLERK OF DISTRICT COURT

ORDER DATE : April 23, 2015

ORDER TIME : 11:39 AM

ORDER NO. : 600744-005

CUSTOMER NO: 5021613

CHANGE OF AGENT

NAME: 920 SOUTH OCEAN BLVD., LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 920 South Ocean Blvd., 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:

Jacquelyn Werner  
Name of Person

Wexford Capital LP  
Firm/Company

411 West Putnam Ave, Suite 125  
Address

Greenwich CT 06830  
City/State and Zip Code

jwerner@wexford.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim McLoughlin at (203) 862-7000  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
15 APR 23 AM 6:11  
STATE  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: 920 South Ocean Blvd., LLC

2. (a) 411 West Putnam Ave, Suite 125, (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Greenwich, CT 06830

March 2, 2015

M15000001579

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporate Creations Network Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11380 Prosperity Farms Road #221E

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Palm Beach Gardens, FL 33410

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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(s) 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

Charles Davidson Member

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 accept 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 Corporation Service Company BY:

**Harry B. Davis**  
**Asst. Vice President**

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