

# MIS000007319

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000130107 3)))



H160001301073ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAY 26 AM 11:13

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### LLC REGISTERED AGENT CHANGE 2000 OCEAN DRIVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAY 26 A 9:44

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2000 OCEAN DRIVE 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:

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

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

\_\_\_\_\_  
Address

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

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

For further information concerning this matter, please call:

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

at ( \_\_\_\_\_ )

\_\_\_\_\_  
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

**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: 2000 OCEAN DRIVE LLC
- 2. (a) C/O WEISS SEROTA HELFMAN COLE & BIERMAN  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
2525 PONCE DE LEON BLVD., SUITE 700  
CORAL GABLES, FL 33134
- (b) C/O WEISS SEROTA HELFMAN COLE & BIERMAN  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
2525 PONCE DE LEON BLVD., SUITE 700  
CORAL GABLES, FL 33134
- 3. 09/14/2015  
Date of filing/registration in Florida
- 4. M15000007319  
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NRAI SERVICES, INC.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

C T Corporation System  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

FILED  
 2016 MAY 26 A 9:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.

Tammy Tofteroo  
Signature of a member or authorized representative of a member

Tammy Tofteroo  
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.

By: C T Corporation System  
Signature of Registered Agent Janifer Vincent