M16000001685

(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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SEORLTARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 15 2020



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: December 10, 2019

Order#: 078850-003

Re: OCEANS LENDING, L.L.C.

)

Enclosed please find:

XX Change of Registered Agent and Office.

 XX_{\perp} Check in the amount of \$25.00.

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: Lindsey Baronie 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.

OUCA.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	me of the limited liability company: OCEANS LENDI	NG L.L.	D			
2	(a)	6 North Park Drive	_ (b)	6 North	Park Drive		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Suite 108	_	Suite 108	3		
		Hunt Valley MD 21030	_	Hunt Vall	ley, MD 21030		
		February 26, 2016	_	M1600000			
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	CT Corporation System			_		
		Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State	e;		
		1200 South Pine Island Road					
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		2018 DEC 13 SECRETARY TALLAHA	***;	
		Plantation ,FL_	33324		ECRETARY OF S TALLAHASSEE,	EC 13	4 T Ant au c STESAC E
	(b)	Corporation Service Company				P	
	(*)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				6: 58	U
		1201 Hays Street		<u>-</u>	-		
		NEW Registered Office Address:			_		
		Tallahassee .FL	32301				
the ag	e cha ent v as/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the light	s of the the the registribility continuity	ered office npany, it is ted liability	e and the business office s hereby confirmed that y company or as otherw	of the the	registered ange(s)
Signature of a member of authorized representative of a member Jill Cilmi, Authorized Person Printed or typed name of signee							_
I pr th to no	herei ovisi e obl mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address, I ha I in writing of this change.	performa for in C ereby co	nce of my c hapter 605 nfirm that	acity - I further agree to	compler with sent is lipany h	and accept being filed ias been