M	100002263
	 F

		(8.20	uestoris	Name)		_	
 -		(Red	uesions	name)			
-	·	(Add	lress)				
		`	,				
-		(Add	Iress)				
-							
• •		(City	/State/Zi	p/Phone	#)		
	PICK-I	ρ	□ w	AIT	Γ		-
		(Bus	iness Er	tity Nam			
		(003			(0)		
	<u> </u>	(Doc	cument N	lumber)			
 Certifi	ed Copies		Ce	rtificates	of Sta	tus	
-							
Spec	cial Instructio	ns to F	Filing Offi	cer			_
-							
-							
-							
-			Office	Use Onl	y		
•							
•							
2							
.;							

- `

-



FILED 2024 SEP 13 AM 10: 34 SECKLIANT OF STATE TALLAHASSEE, FL

ISCENTED 2024 SEP 13 PH 4: 06 ALLAHASSEE

AB



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

	ACCOUNT NO.	:	120000001	95
	REFERENCE	:	633734	8460540
	AUTHORIZATION	:		
	COST LIMIT	:	\$ 25.00	And the man
				A marce marce
ORDER DATE :	September 10, 202	24		
ORDER TIME :	1:27 PM			
ORDER NO. :	633734-002			
CUSTOMER NO:	8460540			

CHANGE OF AGENT

NAME: OCEAN AZUL ADVISORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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.

. Na	me of the limited liability company: OCEAN AZUL	ADVISO	RS, LLC					
. (a)	274 VELEROS COURT	((b) 274 VELEROS COURT					
. (-)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ `	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)					
	CORAL GABLES, FL 33143		CORAL GABLES, FL 33143					
	03/15/2017		M1700002263					
•	Date of filing/registration in Florida	4.	Document number					
i. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CORPORATE CREATIONS NETWORK INC.							
	Registered Office Address (MUST BE FLORIDA STREET 801 US Highway 1	ADDRES.						
	North Palm Beach FI	33408						
(b)		2024 SEC TA						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>							
	Corporation Service Company	() [−]						
	NEW Registered Office Address:							
	1201 Hays Street	AM ID: 34						
	Tallahassee	32301	m F					

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.

/S/ RYAN PRUITT

RYAN PRUITT, AUTHORIZED PERSON
Printed or typed name of signee

Signature of a member or authorized representative of a member

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 GRACE E. KIRBY, ASST. VICE PRESIDENT

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

CSC 633734