

M17000002263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

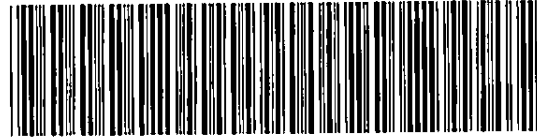
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 13 AM 10:34

FILED

TALLAHASSEE, FL

2024 SEP 13 PM 4:06

RECEIVED

AB

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

ACCOUNT NO. : I20000000195

REFERENCE : 633734 8460540

AUTHORIZATION :

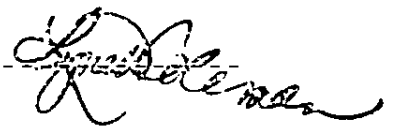
COST LIMIT : \$ 25.00

ORDER DATE : September 10, 2024

ORDER TIME : 1:27 PM

ORDER NO. : 633734-002

CUSTOMER NO: 8460540

A handwritten signature in black ink, appearing to read "K. DeLeon", is written over a dashed line.

CHANGE OF AGENT

NAME: OCEAN AZUL ADVISORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: _____

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.

INHS18 (2/14)