	(Requestor's Name)	
	(Address)	
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	,	
	(City/State/Zip/Phone #)	
□ DICK UD	D MAINT	□ MAII
PICK-UP	WAIT	MAIL
		
	(Business Entity Name)	
	(Document Number)	
	(Document Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	,
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		J. HORNE 4U6 - 8 2024

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/07/2024				
Name:	Patrice Rush				
Referenc	e #: 2407135				
	y Name:OCI 218HP, LLC				
	ticles of Incorporation/Authoriza	ion to Transact Business			
✓ Change of Agent					
☐ Re	einstatement				
☐ Cd	Conversion				
☐ Me	erger				
☐ Dissolution/Withdrawal					
☐ Fi	ctitious Name				
☐ Ot	ther				
Authorize Signature	ed Amount: \$25.00				

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:0	8/07/2024	
Name:	Patrice Rush	
Reference #:_	2407135	
Entity Name:_	ОС	218HP, LLC
☐ Articles	of Incorporation/Authorizati	on to Transact Business
Amendi	ment	
Change	e of Agent	
Reinsta	tement	
Conver	sion	
Merger		
☐ Dissolu	tion/Withdrawal	
Fictitiou	is Name	
Other_		
Authorized Am	nount: \$25.00	
Signature:	(Pattle	

F: 800.944.6607

F: +852.2682.9790

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

l. Na	ame of the limited liability company:		OCI 21	8HP, LLC
2. (a)		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	_ _		No Change
	12/29/2017			M17000011004
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a)	Oliver, Kent			
(,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	1	
	4749 S Washington Ave			
	Titusville, FI	3:	2780	
(b)	Cogency Global Inc.			r _y o
,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress:	<u> </u>
	115 North Calhoun Street Suite	4		
	115 North Calhoun Street, Suite NEW Registered Office Address:	-		1 :
	The state of the s			;
				
	Tallahassee, FI	,3:	2301	•
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regis ability co of the lim	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Siana	/s/ Seth Oliver ture of a member or authorized representative of a member			Seth Oliver Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performe d for in C hereby co	in this cana	city. I further agree to comply with the

Signature of Registered Agent Michael Carlisle, Assistant Secretary

/s/ Michael Carlisle

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