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AU AHASSEE, FLEW 2024 SEP 13 PM 4: 06

CORPORATION SERVICE COMPANY 1201 Hays Street

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

ACCOUNT NO.	:	120000001	95				
REFERENCE	:	633734	8460540				
AUTHORIZATION	:						
COST LIMIT	:	\$ 25.00	Quid de ma				
			No.				
ORDER DATE : September 10, 202	24						
ORDER TIME : 1:27 PM							
ORDER NO. : 633734-004							
CUSTOMER NO: 8460540							
CHANGE OF AGENT							
NAME: OCEAN AZUL AD	/IS	ORS II, LLC					
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY PLAIN 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.

1.	Na	me of the limited liability company: OCEAN AZUL	_ ADVISO	RS II, LLC	:
2	(a)	255 Alhambra Cir, Suite 340	(255 All	nambra Cir, Suite 340
	(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)
		Coral Gables, FL 33034		Coral G	Sables, FL 33034
		09/26/2018		<u></u> М18000	008858
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
·-	(4)	Registered Agent and Registered Office shown on the records of Corporate Creations Network Inc.		a Dept. of S	tate:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
801 US HIGHWAY 1					_ (0, 5)
		NORTH PALM BEACH	FL_33408		E
	(b)				AHAS 13
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ac	ldress:	13 AH IO: 30 HASSEE, FL
		Corporation Service Company			
		NEW Registered Office Address:			- TE 30
		1201 Hays Street			
		Tallahassee, F	FL_32301		<u> </u>
ch ag wa	ange ent v is/we	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne register liability co s of the lin	ed office a impany, it nited liabil	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
		YAN PRUITT	RY.	AN PRUIT	T, AUTHORIZED PERSON
5	Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to no	ovisie obli mere tified	ov accept the appointment as registered agent and agons of all statutes relative to the proper and complet igations of my position as registered agent as provide iv reflect a change in the registered office address. If in writing of this change. GRACE E. KIRBY, A	ie perform led for in C I hereby co	ance of m Thapter 60 onfirm tha	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Si	znatui	re of Registered Agent			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 633734