

(((H240000015613)))



H240000015613ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT CHANGE OCEAN POINTE RENTALS LLC

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T. LEMIEUX HAN 04 2024

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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Ocean Pointe Rentals LLC		
	Name o	of Limited Lia	ability Company
Dear Sir or N	Madam:		
The enclosed	Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.
Please return	all correspondence concerning this m	natter to the fo	oflowing:
Lori Whalen			
	Name of Person		-
Registered Ag	gent Solutions, Inc.		
	Firm/Company	···· <u></u> -	
Corporate Cer	nter One, 5301 Southwest Pkwy, Ste 400		
	Address		_
Austin, TX 78	3735		
-	City/State and Zip Code		
E-mail	address: (to be used for future annual	report notific	ation)
For further in	formation concerning this matter, ple	ase call:	
Lori Whalen	,	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
Regi Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclo	osed is a check for the following amo	ount:	
S2 :	5 Filing Fee	□ \$ 55	Filing Fee & Certified Copy
INHS18 (2/14)			

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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. N	fame of the limited liability company: Ocean Pointe F	Rentals Li	-C		
2. (a)	230 COMMERCE WAY, STE. 200	(t	230 COM	IMERCE WAY, STE. 20	00
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	Mailing address of limited lis (Note: MAY BE POST O	
	PORTSMOUTH, NH 03801	<u> </u>	PORTSM	OUTH, NH 03801	
	12/4/2020		M20000011	126	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	TRAC - THE REGISTERED AGENT COMPANY				
5. (u	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	<u>.</u> 5	2603
	Registered Office Address (MUST BE FLORIDA STREET 236 E. 6TH AVE.	ADDRESS	0		<u>.</u>
	TALLAHASSEE , FI	32303			PH 7:
(b)					-
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		
	2894 Remington Green Ln.				
	NEW Registered Office Address:				
	Ste. A				
	Tallahassee , FI	32308			
change agent was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	d office and mpany, it is ited liability	the business office of the hereby confirmed that company or as otherwise.	the registered the change(s)
/s/	Jaclyn Wright		yn Wright	•	ed Person
Signa	ture of a member or authorized representative of a member			Printed or typed name of sig	ince
I here provis the obi to mer notifie	by accept the appointment as registered agent and agr ions 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 I d in writing of this change	ree to act performa d for in C hereby co	in this capac nce of my di hapter 605, nfirm that th	city. I further agree to uties, and I am familiar F.S. Or, if this docume te limited liability comp	comply with the with and accept on the being filed wany has been