## MZ1000009079

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

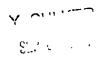
Office Use Only



400370974474

U8/U5/21--U1U27--UU1 \*\*25.UU

2021 SEP -9 PH 1: 44





August 17, 2021

PAUL SYMES 31 SUMMERSTONE IRVINE, CA 92614

SUBJECT: TWO OCEANS PROPERTIES LLC

Ref. Number: M21000009079

We have received your document for TWO OCEANS PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 021A00019626

Summer Chatham OPS

www.sunbiz.org

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Depa	artment of
State: TWO OCEANS	PROPERTIE	s. LLC_
Enter new principal office address, if applicable:	700 S Rosemary Ave Ste. 204	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	West Palm Beach, FL 33401	
Enter new mailing address, if applicable: (Mailing address	700 S Rosemary Ave Ste. 204	
MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33401	
2. The Florida document number of this limited lia	bility company is: M21000009079	
3. Jurisdiction of its organization: Delaware		2021
4. Date authorized to do business in Florida: 7/16/2021		SEP T
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: (must	t contain "Limited Liability Compa	iny. ""L.L.O. yor "L.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the altern	ness in Florida and attach a
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	C El V	
	Enter Florida St	
<del></del> -	City	, Florida <u>Zip Code</u>
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity, and complete performance of my d ered agent as provided for in Chap in the registered office address, I h	luties, and I am familiar with ner 605, F.S. Or, if this

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Paul G Symes	31 Summerstone	\equiv \equiv Add
		lrvine, CA 92614	□Remo
AMBR Torge Dennen	520 Innsbruck Ave	ØAdd	
	Great Falls, VA 22066	□Remo	
			□Add
		······································	□Remo
<del></del>			\_\_Add
		□Remo	
		□Add	
aforementic	under the law of which this entity	cated by the official having custody of records in th	□Remo

Filing Fee: \$25.00