

PD4000170518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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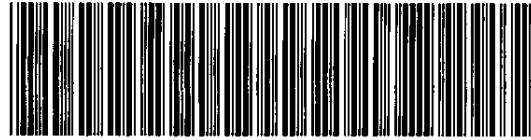
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ocean Drive Inc  
Name of Corporation

DOCUMENT NUMBER: PD4000170518

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Kosiba  
Name of Contact Person

Ocean Drive Inc  
Firm/Company

2348 N Lister Avenue Unit #208  
Address

Chicago, IL 60614  
City/State and Zip Code

CKOSIBA11@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Kosiba at (773) 489-4488  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ocean Drive Inc
2. The principal office address: 400 Ocean Drive  
Miami Beach FL 33139
3. The mailing address (if different): 2348 N. Lister Avenue Unit #208  
Chicago, IL 60614
4. Date of incorporation/qualification: 12/21/2004 Document number: P040000170518
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Registered Agents of Florida LLC  
100 Southeast Second Street Ste 900  
Miami Florida 33131

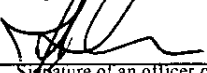
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jakub Kosiba  
701 S. Ocean Way # 407  
P.O. Box NOT acceptable  
Deerfield Beach FL 33441

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Jakub Kosiba  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

9-17-10  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)