## P1000039062

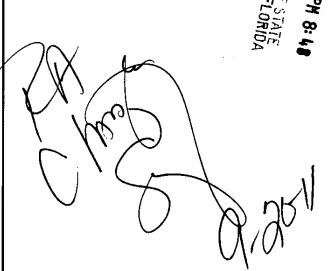
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	/





000212227730

09/19/11--01039--018 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:		ORCYCLES INC	
	Name	of Corporation	
DOCUMENT NUME	BER:F	210000029062	*******************************
The enclosed Statemer	nt of Change of Registered (	Office/Agent and fee are s	ubmitted for filing.
Please return all corres	spondence concerning this n	natter to the following:	
		an West	
	Name o	of Contact Person	
	Ocean	Motorcycles Inc	
	Fir	m/Company	
	2860 W.STATE R	OAD 84 . SUITE 116-	-262
		Address	
<u> </u>	Fort Lauderd City/Sta	dale, Florida , 33312 nte and Zip Code	
	lanwest200	04@Hotmail.com	
E-1	mail address: (to be used	for future annual report	notification)
For further information	concerning this matter, ple	ease call:	
Name	lan West	at ( 954 )	881-0706 Daytime Telephone Number
Name o	of Contact Person	Area Code & I	Daytime Telephone Number
Enclosed is a \$35.00 cl	neck made payable to the D	epartment of State.	
	Mailing Address: Amendment Section	Street Add Amendme	Iress: ent Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

•	provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	nge is submitted for a corporation organized under the laws of the State of Florida
in orae	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Ocean Motorcycles inc
2. The principal	office address: 2860 W. State Road 84, Suite116-262
Fort Laude	erdale, Florida, 33312
3. The mailing a	ddress (if different): As Above
4. Date of incorp	poration/qualification: 04/02/2010 Document number: P10000029062
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	lan West
	2607 Sugarloaf Lane, Fort Lauderdale , Florida, 33312
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office S
	2860 W. State Road 84 , Suite 116-262
	Fort Lauderdale , Florida, 33312
	P.O. Box NOT acceptable
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	lan West / President e of an officer or director Printed or typed name and title
I hereby accept I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and complete performance d. I diffigure with and accept the obligation of my position as registered agent. Or, if this ag filed menely to reflect a change in the registered office address, I hereby confirm that the been potified in writing of this change.
Sign	Maryle of Registered Agent Date
If signing on bel	
Ту	ped or Printed Name

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