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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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Email	Address:	:		

REGISTERED AGENT CHANGE OCEANA HOLDINGS, INC.

Certificate of Status	(
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statuinge is submitted for a corporation organized under the laws of the State of or to change its registered office or registered agent, or both, in the State of Florida.					
1. The name of t	the corporation: Oceana Holdings, Inc.					
2. The principal HALLANDALI	office address: 409 WEST HALLANDALE BEACH BOULEVARD. SUITE 208					
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification: 04/16/2014 Document number: P1400003433	4				
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	ાદ				
	DEMAR, STEVEN M					
	2699 S. BAYSHORE DRIVE, SUITE 300					
	MIAMI. FL 33133	∑ ≱s:	202			
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	CRE DAS LLAHASS	APR -			
	Corporate Creations Network Inc.		8			
	801 US Highway 1	2005 0005	AH 9:			
	P.O. Box NOT acceptable North Palm Beach, FL 33408	ORID:	ទ			
The street address changed will	ess of its registered office and the street address of the business office of its registerial.	gistered a	agent,			
	as authorized by resolution duly adopted by its board of directors or by an offi- ne board, or the corporation has been notified in writing of the change.					
/s/ Caitlin L	azarus Caitlin Lazarus, Attorney-in-Fact	Caitlin Lazarus, Attorney-in-Fact				
Signatu	re of an officer or director Printed or typed name and title	Printed or typed name and title				
I further agrée . of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complet all I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address. I hereby costeen notified in writing of this change.	ent. Or.	if this			
/s/ Caitlin La	azarus 04/08/2020	04/08/2020				
	nature of Registered Agent Date					
If signing on be	half of an entity:					
Caitlin Lazarus,	Special Secretary					
1	yped 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 (04/13)