

P14000093975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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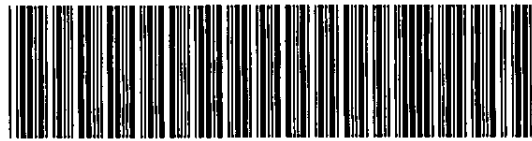
(Business Entity Name)

(Document Number)

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DEC 24 2014  
T. CARTER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Blessings of the Ocean Corp.  
Name of Corporation

DOCUMENT NUMBER: P14000093975

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:

Tiffany Sophia Lopez  
Name of Contact Person

Blessings of the Ocean Corp.  
Firm/Company

14335 sw 120 st Suite 111  
Address

Miami FL 33186  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tiffany Lopez at (786) 612 5906  
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: Blessings of the Ocean Corp.
2. The principal office address: 14335 SW 120 Street Suite 111  
Miami FL 33186
3. The mailing address (if different): 14335 SW 120 Street Suite 111  
Miami FL 33186
4. Date of incorporation/qualification: 11/19/2014 Document number: D14000093975
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)

Tiffany Sophia Lopez  
7620 SW 1164 Street  
Palmetto Bay, FL 33157

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

Tiffany Sophia Lopez  
14335 SW 120 Street Suite 111  
Miami FL 33186

P.O. Box NOT acceptable

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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]  
Signature of an officer or director

Tiffany Sophia Lopez  
Printed or typed name and title  
President

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]  
Signature of Registered Agent

12/12/2014  
Date

If signing on behalf of an entity:

Tiffany S. Lopez  
Typed or Printed Name

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