**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000494523)))



H160000494523ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380 Service of the service of

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973.

Phone Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN OCEAN 827 CORP

all a Marie College	كالأناك كالمراجعين بالمناب والمراجعين
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

FEB 2 6 2016

C MCNAIR

•	·	H	160000494
•			17
	Articles of Ame	andment	8
	to	mandian	Ç
	Articles of Incor	houstoon	
(Cean 87)			
	Corporation as currently i	Hed with the Florida Deut.	of State)
	Oll manical	-7	
	(Document Number of C	amountion (If Impage)	
	•		
ursuant to the provisions of section 607.10	006, Plorida Statutes, this FL	prida Profit Corporation ade	opts the following amendment(s)
Articles of Incorporation:			
. If smending name, enter the new nan	ne of the corporation;		•
			The new
une must be distinguishable and conta	in the word "corporation,"	"company," or "incorpor	ated" or the abbraviation
Corp.," "Inc.," or Co.," or the designal	tion "Corp," "Inc," or "Co	". A profassional corporat	ion name must contain the
ord "chartered," "professional association	on," or the aboreviation "r"		1. 1.00
Enter new principal office address, if		19380 Collin	is Hve #POD
rincipal office address <u>MUST BE A ST</u>	REET ADDRESS )	Sunny Is	les FL
		,	1
		<u> 33160                                     </u>	
Enter new mailing address, if applies	nhler		
(Mailing address MAY BE A POST O	FFICE BOX		
•	Secretary.		
	,		
If amending the registered goest and	or registered office address	in Florida, enter the name	of the
If amending the registered agent and/ new registered agent and/or the new :	or registered office address	in Florida, enter the name	e of the
new registered agent and/or the new	or registered office address registered office address:	in Florida, enter the nam	e of the
new registered agent and/or the new r	registered office address:		of the
new registered agent and/or the new r	registered office address:		<u> </u>
new registered agent and/or the new r	or registered office address: registered office address:  (Florida street	address)	
new registered agent and/or the new r	registered office address:  (Florida street	address)	Plorida
Name of New Registered Agent	registered office address:  (Florida street	address)	
new registered agent and/or the new i	registered office address:  (Florida street	address)	Plorida
new registered agent and/or the new in Name of New Registered Agent  New Registered Office Address:	registered office address:  (Florida street	address)	Plorida
Name of New Registered Agent  New Registered Office Address:  ow Registered Agent's Signature, if cha	registered office address:  (Florida street  (Ci	oddress) (b)	Florida(Dip Code)
new registered agent and/or the new in Name of New Registered Agent  New Registered Office Address:	registered office address:  (Florida street  (Ci	oddress) (b)	Florida(Dip Code)
new registered agent and/or the new in Name of New Registered Agent  New Registered Office Address:  When Registered Office Address:	registered office address:  (Florida street  (Ci	oddress) (b)	Florida(Dip Code)

m76000049452

## H16000049452

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheats, if necessary)

Please note the officer/director title by the first letter of the office stile:

P - President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; C8O = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Recomples

X Change	<u>PT</u>	<u> John D</u>	<u> </u>	
X Remove	¥	Mike J	ones	
_X Add	<u>sv</u>	Sally S	a <u>mith</u>	•
Type of Action (Check One)	Title		Name	Address
i), Change	P	_	Sarataga LLC	One Commerce Center
Add				1201 Drange St. #600 Wilmington, DE 19890
2)Change	P	<del></del>	Sarataga 2013 LLC	Same as above
Add Remove		• •	er en	
3) Change		_		<u> </u>
Add			·	
4) Change		-		<u> </u>
Remove				
5) Change Add		-		
Remove				
6) Change Add		-	-	
Remove				

H16000049452

	fnecessary). (Be specific)
	The state of the s
	· · · · · · · · · · · · · · · · · · ·
amendment provides visions for implementi (if not applicable, indic	for an exchange, reclassification, or cancellation of issued shares, ing the amendment if not contained in the amendment itself:
(ij not applicable, male	COLE N/A)

Page 3 of 4

H16000049452

The date of each amendment(s) adoption: , if other than the
The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: 2516 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
AThe amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 2/25/16
600
Signature  (By a director, presidences other officer – if directors or officers have not been
selected, by an incorporator—if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Bento Cobousty
(Typed or printed name of person signing)
Millar
(Title of person signing)

Page 4 of 4