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To:

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Division of Corporations Fax Number : (850)617-6380

From:

Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	I 2009000081	
Phone	:	(307)200-2803	
Fax Number	:	(855)330-1010	

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

Email Address:_____

REGISTERED AGENT CHANGE ö **OCEAN INTERNATIONAL ENTERPRISE CORP** Certificate of Status 0 2023 HAY 30 Certified Copy 0 Page Count 02 Estimated Charge \$35.00 MAY 3 1 2023 QD Electronic Filing Menu Corporate Filing Menu Help

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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 INTERNATIONAL ENTERPRISE CORP

2. The principal office address:

3. The mailing address (if different):

4. Date of incorporation/qualification: 02/21/22 _____ Document number: P22000015121

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)

	P.O. Box: NOT acceptable St. Petersburg FL 33702			
	7901 4th St N STE 300	 	PH I:	$\overline{\mathbf{D}}$
	Registered Agents Inc		-0	ار . ام
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		ECRETAK	2023 HAY 3	1
LAKE WALES, FL 33589			207	
	23781 US HWY 27 STE 210			
	GREEN, BRENT			

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

Luiza Shefer - President Printed or typed name and title

Date

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

05/30/2023

If signing on behalf of an entity:

David Roberts

Evped 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

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