525617

(Requestor's Name)					
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COVER LETTER

TO: Amendment Section Division of Corpor	on rations	* · · · · · · · · · · · · · · · · · · ·	•
SUBJECT:	Ocean Constru		·
	Name of Co	orporation	
DOCUMENT NUMBER:	S	25617	<u> </u>
The enclosed Statement of	Change of Registered Office	/Agent and fee are submi	tted for filing.
Please return all correspond	dence concerning this matter	to the following:	
·	Truman J.	Costello	
	Name of Con	tact Person	
	Costello, Roysto		
	Firm/Co	mpany	
	12670 New Brittan	y Blvd., Suite 101	
	Addr		
•			
	Fort Myers,	FL 33907 d Zip Code	•
	City/State and	d Zip Code	
	tcostello@lav	venv com	
E-mail	address: (to be used for fu	ture annual report notif	ication)
For further information con	cerning this matter, please ca	ali:	
Truman	J. Costello	at (239)	939-2222
Name of Co	ntact Person	_ at (239) Area Code & Dayti	me Telephone Number
Enclosed is a \$35.00 check	made payable to the Departr	nent of State.	
<u>M</u> : An	niling Address: nendment Section	Street Address: Amendment Se	ection
	vision of Corporations	Division of Co	•
	D. Box 6327	Clifton Buildir	_
Ta	llahassee, FL 32314	2661 Executive Tallahassee, Fl	e Center Circle L 32301

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

	of the corporation: Ocean Const		
2. The princi	ipal office address: 5811 Halifax Av		
		33912	
3. The mailir	ng address (if different):		
4. Date of inc	corporation/qualification:	Document number:	S25617
	and street address of the current register epartment of State: (If resigned, enter re		e with the
	Truman J. Costello		
	12670 New Brittany Blvd. #	101	
	Fort Myers, FL 33907		
i. The name (if change	and street address of the new registered	d agent (if changed) and /or registered	office ANASSEE
	David L. Saccor	<u></u>	\$\$\frac{2}{5}\frac{7}{12}
	6543 Kestrel Circle	ox NOT acceptable	707
	Fort Myers,FL 33966	ox NOT acceptable	- Deliver
The street ac is changed v	ddress of its registered office and the swill be identical.	street address of the business office	of its registered agent,
Such change outhorized b	e was authorized by resolution duly ac by the board, or the corporation has be	lopted by its board of directors or been notified in writing of the change	y an officer so
	nature of an officer or director	DAVICE SASSED	Pers.
_	ept the appointment as registered age ree to comply with the provisions of al , and I am familiar with and accept th being filed merely to reflect a change has been notified in writing of this ch	· · ·	
of my duties, document is corporation			
of my duties, locument is corporation	a Chu	5-18-0	2011

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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