I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFERY W. WELLS

ītle	MGR	Title	AMBR
Name	WELLS, JEFFERY W	Name	WELLS, TEERAPORN
Address	211 CAROLINE STREET - OFFICE	Address	211 CAROLINE STREET
City-State-Zip:	CAPE CANAVERAL FL 32920	City-State-Zip:	CAPE CANAVERAL FL 32920

A

Authorized Person(s) Detail :				
Title	MGR	Title	AMBR	
Name	WELLS, JEFFERY W	Name	WELLS, TEERAPORN	
Address	211 CAROLINE STREET - OFFICE	Address	211 CAROLINE STREET	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

211 CAROLINE STREET OFFICE

Electronic Signature of Registered Agent

Current Mailing Address:

211 CAROLINE STREET OFFICE CAPE CANAVERAL, FL 32920

FEI Number: 81-5030341

WELLS, JEFFERY W

SIGNATURE:

Name and Address of Current Registered Agent:

2515 S. ATLANTIC AVENUE COCOA BEACH, FL 32931

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L17000007920

Entity Name: OCEAN BEACH VILLAS, LLC

Current Principal Place of Business:

CAPE CANAVERAL, FL 32920 US

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 17, 2020 Secretary of State 5187768790CC

Certificate of Status Desired: No

06/17/2020

Date