2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000060082

Entity Name: OCTO 1 PARTNERS LLC

Current Principal Place of Business:

45 GREEN ASH ST MONROE TWP, NJ 08831

Current Mailing Address:

OCTO 1 PARTNERS LLC 3030 N. ROCKY POINT DR., STE 150A TAMPA, FL 33607

FEI Number: 81-4099854

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH STREET NORTH SUITE 300 ST.PETERSBURG, FL 33702 US FILED Mar 02, 2020 Secretary of State 6277800731CC

Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Title | AMBR | Title | AMBR |
|-----------------|---------------------|-----------------|---------------------|
| Name | SHAH, KETUL | Name | BHAGAT, KEYUR |
| Address | 45 GREEN ASH ST | Address | 45 GREEN ASH ST |
| City-State-Zip: | MONROE TWP NJ 08831 | City-State-Zip: | MONROE TWP NJ 08831 |
| | | T '4. | |
| Title | AMBR | Title | AMBR |
| Name | PAGHDAR, BHARAT | Name | PATEL, VATSAL |
| Address | 45 GREEN ASH ST | Address | 45 GREEN ASH ST |
| City-State-Zip: | MONROE TWP NJ 08831 | City-State-Zip: | MONROE TWP NJ 08831 |
| | | T '4. | |
| Title | AMBR | Title | AMBR |
| Name | PATEL, ASHISH | Name | TRIVEDI, MINESH |
| Address | 45 GREEN ASH ST | Address | 45 GREEN ASH ST |
| City-State-Zip: | MONROE TWP NJ 08831 | City-State-Zip: | MONROE TWP NJ 08831 |
| | | | |

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: KETUL SHAH

MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Date