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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL E METZLER

Electronic Signature of Signing Officer/Director Detail

1021

VICE PRESIDENT 01/26/2023

)AD US nits this statement for the numose of changing its

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
 Date

 Officer/Director Detail :
 Title

Title	VP, S/T	Title	Р
Name	METZLER, CAROL E	Name	WILT, WALTER W
Address	113 S. MARKET STREET	Address	880 WOOD HAVEN LANE SW
City-State-Zip:	ELIZABETHTOWN PA 17022	City-State-Zip:	VERO BEACH FL 32962

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# H39795

Entity Name: OCEAN HEALTH PROPERTIES, INC.

Current Principal Place of Business:

113 SOUTH MARKET STREET SUITE 101 ELIZABETHTOWN, PA 17022

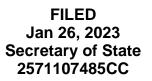
Current Mailing Address:

113 SOUTH MARKET STREET SUITE 101 ELIZABETHTOWN, PA 17022 US

FEI Number: 74-2357403

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US



Certificate of Status Desired: No

Date