## Florida Department of State Division of Corporations Elegronic Filing Covers

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000161236 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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

| Email | Address: |  |
|-------|----------|--|
|       |          |  |

## LLC REGISTERED AGENT CHANGE VICE MARINE, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| Name of the limited liability company:                         |  |  | VICE MARINE, LLC   |  |  |
|--|--|--|--|--|--|
| 2. (a)   | 118 N PETERS RD #132   | (b   | b) 118 N PETERS RD #132  |  |  |
| ```  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |  |  |
|  | KNOXVILLE, TN 37923  | _  | KNOXVILLE, TN 37923  |  |  |
|  |  | _  |  |  |  |
|  | 02/18/2013   |  | L13000025611   |  |  |
| 3.   | Date of filing/registration in Florida   | 4.   | Document number  |  |  |
| 5. (a)   | SWITKES & ZAPPALA PA   |  |  |  |  |
| ` '  | Registered Agent and Registered Office shown on the records of t   | he Florida   | Dept. of State:  |  |  |
|  | 407 LINCOLN AVE  |  |  |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET A  | DDRESS   | <u>u</u>   |  |  |
|  | STE PH-SE  |  |  |  |  |
| (b) ,  | MIAMI BEACH .FL  | 33   | 139  |  |  |
|  | Corporate Creations Network Inc.   | 2024 WAY - 2                                       |  |  |  |
|  | Enter name of NEW Registered Agent and/or NEW Registered   | idress:  |  |  |  |
|  | 801 US Highway 1   |  | 2 Pii  |  |  |
|  | NEW Registered Office Address:   |  | 2.2  |  |  |
|  |  |  |  |  |  |
|  | North Palm Beach, FL   | 33408  |  |  |  |
| change<br>agent v<br>was/w<br>the art                          | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | registere<br>bility con<br>f the lim<br>limited li | ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) aited liability company or as otherwise provided in liability company. |  |  |
| Signature of a number or authorized representative of a member |  |  | n Perez, Attorney-in-Fact  Printed or typed name of signee   |  |  |
| I here<br>provisi<br>the obi<br>to mer                         | by accept the appointment as registered agent and agre-<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I h<br>d in writing of this change.            | ee to act<br>performa<br>I for in C<br>ereby co    |  |  |  |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

John Perez, Special Secretary