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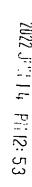
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2 2 2)
(Document Number)
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CF 8/30/2022

TO: Registration Section Division of Corporations	•				
Outlaw Marine, LLC SUBJECT:	···				
Na	ame of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning t	his matter to the following:				
Donald Sidbury					
Name of Person					
Outlaw Marine, LLC					
Firm/Company					
308 State Road 26					
Address					
Melrose, FL 32666					
City/State and Zip Code					
don@outlawmarinefl.com					
E-mail address: (to be used for future ar	nnual report notification)				
For further information concerning this matte	r. please call:				
John D. Middleton	352 475-1611 at ()				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the followin	g amount:				
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

1. N	ame of the limited liability company: Outlaw Marine, I	LLC					
2. (a)	308 State Road 26		(b) 308 State Road 26				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address o		-	
	Melrose		Melrose				
	Florida 32666		FL 32666				
	05/30/2013		1.13000078	509			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	- te:			
	Middleton & Middleton, PA						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>SS)</u>	_			
	304 State Road 26, Suite # 1					20	
	Melrose	32666		_	•:	022 J. Y. 14	
	F1			_			
(b)						1-	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	_		TO:	
	Middleton & Middleton, PA				! .	P# 12: 53	चर
	NEW Registered Office Address:			-		~	
	303 State Road 26			_			
	Melrose	32666					
change agent v was/we the arti	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 like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member	registe ability c of the li limited	red office an ompany, it i mited liabilit	d the business of the desired the state of t	office of the of	of the re nat the ch rwise pr	gistered lange(s)
				•		-	.1
provisi the obl to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in criting of this change.	ree to ac perforn d for in hereby c	t in this cap tance of my Chapter 602 confirm that	acity. I further duties, and I an 5, F.S. Or, if th the limited liab	agree n famii is doci ility ca	to comp liar with ument is ompany i	ty with the and accept being filed has been
Single	re of Registered Agent						
Jurati	ne or registered Agent						