

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# L21000400128

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : CAPITOL CORPORATE SERVICES, INC.  
 Account Number : I20160000048  
 Phone : (800)345-4647  
 Fax Number : (800)432-3622

**\*\*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  
 CHECKED OUT MARINE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 AUG 10 AM 11:38

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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AUG 10 2022

K. Brumbley

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. Name of the Limited Liability Company: CHECKED OUT MARINE LLC

2. (a) 17 HONOR LN Principal office address of limited liability company. (b) 9312 DEER PATH CT Mailing address of limited liability company.

INLET BEACH, FL 32461 POWELL, OH 43065

3. 9/9/2021 Date of filing/registration in Florida 4. L21000400128 Document number

5. (a) CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records of the Florida Dept. of State

1201 HAYS ST Registered Office Address

TALLAHASSEE, FL 32301

(b) Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:

515 East Park Avenue 2nd Fl NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

2022 AUG 10 AM 8:37 SECRETARY OF STATE TALLAHASSEE, FL 09107 APPROVED AND FILED