## 1/6000030228

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K.SALY EXAMINER APH 28

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: FEDERATED MARITIME, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this man	tter to the following:					
Christopher Sedlacek						
Name of Person						
Federated Maritime, LLC						
Firm/Company	<del></del>					
2800 W State Road 84, Suite 109						
Address						
Fort Lauderdale, FL 33312						
City/State and Zip Code						
csedlacek@fedmaritime.com						
E-mail address: (to be used for future annual re	port notification)					
For further information concerning this matter, pleas	e call:					
Christopher Sedlacek	305 778-1099					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

## 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.	Na	me of the limited liability company: FEDERATED	MARIT	IME, LLC	· · · · · · · · · · · · · · · · · · ·
2. (	a)	2800 W State Road 84	(b) 2800 W State Road 84		
(	ω,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (*)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Suite 109		Suite 10	9
		Fort Lauderdale, FL 33312		Fort Lau	derdale, FL 33312
•		February 12, 2016	(	_1600003	30228
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Christopher Sediacek			
	()	Registered Agent and Registered Office shown on the records of the 5030 Champion Blvd.	he Florida	Dept. of State	- e:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS		-
		Ste. G11-230	<u></u>		72.8
		Boca Raton , FL	33496		2016 APR 26 SECRETAR SECRETAR SECRETAR ASS
(	b)	Christopher Sedlacek			
,	, U j	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ado	ffice address:	
		2800 W State Road 84			2: 55
		NEW Registered Office Address:			-
		Suite 109			-
		Fort Lauderdale , FL	33312		_
the cager was the s	cha nt v /we arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the curve of a member of authorized representative of a member	the regisubility confirmation that the limited	tered officempany, it is ited liability consisted in the second s	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.  Sedlacek  Printed or typed name of signee
prov the to m not	visi obli vero fieo	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.  The of Registered Agent	ee to act perform I for in C iereby co	in this cap ince of my chapter 602 infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been