2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000055770

Entity Name: CHSW MARINE, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE 1620 JACKSONVILLE, FL 32202

Current Mailing Address:

ONE INDEPENDENT DRIVE 1620 JACKSONVILLE, FL 32202

FEI Number: 46-5292832

Name and Address of Current Registered Agent:

THERESA BENNETT PLLC 500 SE 17TH STREET SUITE 323 FORT LAUDERDALE, FL 33316 US

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

Authorized Person(s) Detail :

| | Title | MGR | Title | MGR |
|--|-----------------|--------------------------------------|-----------------|--------------------------------------|
| | Name | CLEMENTS, ROBERT M | Name | HOWELL, WILLIAM R II |
| | Address | ONE INDEPENDENT DRIVE, SUITE 1620 | Address | ONE INDEPENDENT DRIVE, SUITE 1620 |
| | City-State-Zip: | JACKSONVILLE FL 32202 | City-State-Zip: | JACKSONVILLE FL 32202 |
| | Title | MGR | Title | MGR |
| | Name | WALTON, WILLIAM H III | Name | SINGLETARY, W R |
| | Address | ONE INDEPENDENT DRIVE, SUITE 1620 | Address | ONE INDEPENDENT DRIVE, SUITE 1620 |
| | | 1020 | | 1020 |
| | City-State-Zip: | JACKSONVILLE FL 32202 | City-State-Zip: | JACKSONVILLE FL 32202 |

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: W. ROSS SINGLETARY

04/27/2017

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 27, 2017 Secretary of State CC4427325120

Certificate of Status Desired: No