

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000160660

**Entity Name:** SEND IT OFFSHORE LLC

**Current Principal Place of Business:**

1199 NAPLES DR  
PENSACOLA, FL 32507

**Current Mailing Address:**

1199 NAPLES DR  
PENSACOLA, FL 32507 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALSH, CHANCE  
1199 NAPLES DR  
PENSACOLA, FL 32507 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:** CHANCE WALSH

11/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | AMBR               | Title           | AMBR               |
| Name            | WALSH, CHANCE      | Name            | JOHNSON, SHANNON   |
| Address         | 1199 NAPLES DR     | Address         | 1199 NAPLES DR     |
| City-State-Zip: | PENSACOLA FL 32507 | City-State-Zip: | PENSACOLA FL 32507 |

*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:** CHANCE WALSH

11/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date