L000000006999

Chris's Marine P.O. Box 3404 Jupiter, FL 33469

City/S.... ip

Taone#

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Examiner's Initials

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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☐ Walk in	Pick up time		Certified Copy
☐ Mail out	☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	· · · · · -	AMENDMENTS	
Profit Not for Prof Limited Lia Domesticati Other	bility	 □ Amendment □ Resignation of R □ Change of Regis □ Dissolution/With □ Merger 	A., Officer/Director fered Agent adrawal LOO-6999
OTHER FILIN Annual Rep Fictitious N	oort	REGISTRATION/C Foreign Limited Partners Reinstatement Trademark Other	The state of the s



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 27, 2001

CHRIS MARINE P.O. BOX 3404 JUPITER, FL 33469

SUBJECT: CHRIS'S MARINE LLC Ref. Number: L00000006999

We have received your document for CHRIS'S MARINE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 601A00025028

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STATEMENT OF CHÂNGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the State				
l. The name of the limite	d liability company is: $\underline{\zeta}$	hris's ma	arine, Ll	<u> </u>
2. The mailing address of				
-			· ·	
06/15/00		LΦ	Ø Ø Ø Ø Ø Ø Ø	86999
3. Date of filing/registrati	ion in Florida	4. Docum	nent number	
5. The name of the registe Florida Department of S			•	
	City, St	ate and Zip		•
6. The name and address				· 3 2
	Florida street address () Tupiter	me <u>A P</u> le wood P.O. Box NOT acce	ptable)	HAY IN PR 3: 53
If the limited lightlifty corr	many is not organized un	der the laws of the S	tate of Florida, it i	is hereby

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)

Chris Cole
(Printed or typed name of signee)

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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)