101000019140

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
ertified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500297132165

500297132165 03/29/17--01019--021 **25.00

ZOLI MAR 29 AM III: 16

K. SALY MAR 3 1 2017

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: <u>Eagle Ray Div</u> Name of Limited Liab	1e/5, CCC ility Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee	e(s) are submitted for filing.					
Please return all correspondence concerning this matter to the fol	lowing:					
Donald Wood Name of Person Faale Ray Dijacs 116						
Firm/Company						
80 SW 8 Street, 20th Floor Address						
Miami FL 33/30 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Donald Wood at (305) 45/7/7/						
Name of Person	Area Code & Daytime Telephone Number					
	LING ADDRESS:					
-	Registration Section					
	ion of Corporations Box 6327					
5	nassee, Florida 32314					
Tallahassee, Florida 32301	iassee, Florida 32314					
Enclosed is a check for the following amount:						
SS25 Filing Fee ☐ \$55 I	□ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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:Eagle	Ray	Divers, L	<u> </u>
2. (a)			Mailing address of	
	Suite 2			
	Key Largo, FC 33037			
	11/6/2001		L010000	19140
3.	Date of filing/registration in Florida	4.	Document nu	ımber
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida Den	t of State:	
	_ 221 La Paloma re		. or saile.	
	Registered Office Address (MUST BE FLORIDA STREET AL			
				
	Key Largo ,FL	33	037	
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered O	office address		701 721
	80 SW 8 Street		. <u>. </u>	EALLAHA
	NEW Registered Office Address:			ASS 29
	20th Floor			
	Miami, FL_	331	30	AKII: 17
If the li	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the	of the Stat	te of Florida, it is here	eby confirmed that after
agent w	vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of	ility compa	any, it is hereby confi	irmed that the change(s)
	cles of organization or the operating agreement of the li		lity company.	_
Signat	ure of a member of authorized representative of a member		Donald Printed or type	d name of signee
I herel provision the oblit to mere	by accept the appointment as registered agent and agree on a fill 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 he is in writing of this change.	e to act in t erformance for in Chap ereby confin	his capacity. I furthe	er agree to comply with the
Signatur	re of Registered Agen			