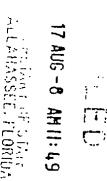
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900302151329

08/08/17--01014--004 **25.00



AUG 0 9 2017 Y SULKER

COVER LETTER

	: Registration Section Division of Corporations			
SUBJECT: Veril	Hull LLC			
	Name of Limi	ted Liability Company		
Dear Sir or Madam	ı:			
The enclosed Regi	stered Agent/Registered Office Chang	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
Caroline A Man	tel			
	Name of Person			
VeriHull LLC				
	Firm/Company			
411 Walnut St #	f12841 			
	Address			
Green Cove Sp	rings, FL 32043			
	City/State and Zip Code			
Caroline@boatl	nistoryreport.com			
E-mail addre	ss: (to be used for future annual report	notification)		
For further information concerning this matter, please call:				
Caroline Mantel	800 at (441-7599, ext 199		
Na	ime of Person	Area Code & Daytime Telephone Number		
Registration Division of Clifton Bu 2661 Exec	f Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
⊉ \$25 Fili	-	☐ \$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: VERI HULL	- LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 411 Walnut St. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#12841	#12841
	Green Core Springs, FL 32043	Green Cove Springs, Fl 32043
3.	Date of filing/registration in Florida 4	L 05000 61669 Document number
	Crart W. Brooks Registered Agent and Registered Office shown on the records of the Fl	orida Dept. of State:
	Registered Office Address (MUST BE FRORIDA STREET ADDR	ESS)
	Orlando .FL 4	2819
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	\circ
	515 N. Flagler Drive NEW Registered Office Address:	-6 AH II. L
	NEW Registered Office Address: 20th Floor	AHII: 49
	West felm Beach FL3	3401
the cha agent w was/we the arti	mited liability company is not organized under the laws of nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limit	egistered office and the business office of the registered v company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in
<u></u>	ure of a member or authorized representative of a member	Caroline Mantel Printed or typed name of signee
	are of a member of authorized representative of a member ov accent the appointment as revistered avent and avree to	· · · · · · · · · · · · · · · · · · ·

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 duties, and I am familiar with and accept he obligations of my position as registered agent as provided for in Chapter 605, 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