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SECRETARY OF SIAME DIVISION OF CORPORATION

COVER LETTER

Division of Corporations	
SUBJECT: Viking Sea Terminal, LLC (Name of Limitation)	ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office of	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
•	
Alberto Rodriguez	
(Name of Person)	
Viking Sea Terminal, LLC	
(Firm/Company)	
3600 NW North River Drive	
(Address)	
Miami, Florida 33142	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Alberto Rodriguez at (at (305) 637-5004
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE 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.

1.	Nai	me of the limited liability company: Viking Sea	Terminal, LLC		+
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 3600 NW North River Drive Miami, Florida 33142	 	G G
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above	<u>-</u>	⊇ €
				08 007	DIVISION
		18, 2005	<u>L05000077836</u>	<u> </u>	껉
3.	Dai	e of filing/registration in Florida	4. Document number	_ S	3~
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	AMII: 48	41.5 de 2.19 41.5 de 2.19
		Registered Agent:	Stephen C. Irick, Jr., Esq. (has resigned)	5	
		Registered Office Address:	5915 Ponce de Leon Blvd., Suite 63 Miami, Florida 33146		Ę
		NEW Registered Agent: NEW Registered Office Address:	ALBERTO RODRIGUE		
		(MUST BE FLORIDA STREET ADDRESS)	3600 NW MORTH RIVERS MIAMI ,FL 331	DR 42	
th of he lia	at af fice creby abilit	limited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the	busines	S
(Si	ignatu	re of a member or authorized representative of a member)	_		
		D Rodriguez I or typed name of signee)	_		
I co	here mpl n fai S. (onfir	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pr niliar with and accept the obligations of my position Dr. if this document is being filed to merely reflect a m that the limited liability company has been notified	gree to act in this capacity. I further agy oper and complete performance of my du as registered agent as provided for in Cl change in the registered office address, I I in writing of this change.	ree to ties, and hapter 6 hereby	₫ I :08,
<u>(</u> S	ignat	ure of Registered Agent)			

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00