## L050000880035

| (Requestor's Name)  (Address)  (Address)   | 200132701352             |
|--|--------------------------|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)                          | 07/17/0801016016 **55.00 |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer:  L. SELLERS |                          |
| 111 172008   |                          |

**EXAMINER** 

Office Use Only

FILED

8 JUL 17 AM IO: 34

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: Binnacle Technologies, (Name of   | LLC of Limited Liability Company)   |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered C   | Office Change and fee(s) are submitted for filing.  |
| Please return all correspondence concerning  | this matter to the following:   |
| Ana Delgado. (Name of Person)  | ·   |
| (Firm/Company)   | · · · · · · · · · · · · · · · · · · ·   |
| 1435 NN 143rd O  | venue   |
| Pembroke Pines, 71 3. (City/State and Zip Code)  |   |
| For further information concerning this matter   | er, please call:  |
| ERNESTO CASAS (Name of Person)   | at (954) 727-0237 · (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  | ng amount:  |
| ☐ \$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. Name of the limited liability company: Binnacle Te  | chnologies, LLC   |
|--|---|
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)  | Pembroke Pines, Fl 33024.   |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   | 9050 Pines Blud Suite 45 410<br>Pembroke Pines, F1 33024.   |
| 3. Date of filing/registration in Florida  | <u>L050000 88025</u> 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown on the   | the records of the Florida Dent of State:   |
| Registered Agent:  | Corporation Service Company.  |
| Registered Office Address:   | 1201 HAYS street<br>Tallahasse, Fl 32301  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>  | W Registered Office address:  |
| NEW Registered Agent:  | Ana Delgado:  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | Pembroke Pines ,FL 33028.2912   |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)  (Printed or typed name of signce)  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the propany family and accept the obligations of my position of f.S. Or, if this dolument is being filed to merely reflect a confirm that the limited liability company has been notified. | at address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited forganization or the operating agreement of the |

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

(Signature of Registered Agent)