



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Professional Commercial Divers, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** 408000036187

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Ann Martin  
(Name of Person)

Professional Commercial Divers, LLC  
(Name of Firm/Company)

30301 SW 171AVE  
(Address)

Homestead, FL, 33030  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Ann Martin at (305) 281-0805  
(Name of Person) (Area Code & Daytime Telephone Number)

**FILED**  
09 MAR 16 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: PROFESSIONAL COMMERCIAL DIVORS, LLC.

2. (a) Principal office address of limited liability company: 16780 SW 282 ST  
 (Note: **MUST BE STREET ADDRESS**) HOMESTEAD, FL 33030

(b) Mailing address of limited liability company: \_\_\_\_\_  
 (Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

4-09-08  
 3. Date of filing/registration in Florida

LO8000036187  
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Thomas R. Martin

Registered Office Address: 16780 SW 282 nd Street  
HOMESTEAD, Florida 33030

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** 30301 SW 171 AVENUE

**NEW Registered Office Address:** HOMESTEAD, FL 33030  
 (MUST BE FLORIDA STREET ADDRESS) \_\_\_\_\_, FL \_\_\_\_\_

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.

Thomas R. Martin MNGR  
 (Signature of a member or authorized representative of a member)

THOMAS R. MARTIN  
 (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 duties, and 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.

Thomas R. Martin MNGR  
 (Signature of Registered Agent)

FILED  
 09 MAR 16 PM 3:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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