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(((H20000160400 3)))



H200001604003ABCN

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HARPER MEYER 6
Account Number : 120090000000
Phone : (305)577-3443

Fax Number : (305)577-9921

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	ralbert@harpermeyer.com
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## LLC REGISTERED AGENT CHANGE FLORIDA LNG LLC

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## COVER LETTER

H20000160400 3

	Registration Section Division of Corporations		
SUBJEC			C I Liability Company
Dear Sir	or Madam:		yy
			- 4 Food Name without for Films
The enclo	osed Registered Agent/Registered Office Cha	ange ar	nd fee(s) are submitted for filling.
Please re	turn all correspondence concerning this matt	er to th	he following:
RC	ONALD ALBERT, JR., ESQ.		
	Name of Person		— <u> </u>
HA	arper meyer, et al		
	Firm/Company		<del></del>
20	1 S. BISCAYNE BLVD., SUITE 800		
	Address		
M	IAMI, FLORIDA 33131		
	City/State and Zip Code		<del></del>
ral	bert@harpermeyer.com		
E-n	nail address: (to be used for future annual rep	ort no	tification)
For furth	er information concerning this matter, please	call:	
	Ronald Albert, Jr., Esq. at (		5 ) 577-3443
Name of	Person	Area (	Code & Daytime Telephone Number
[ [ F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
3	Enclosed is a check for the following amou	nt:	
(	□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (	2/14)		

## H20000160400 3

## 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:	FLORIDA LNG LLC	·		
2.	(a)	14 N.E. 1" AVENUE, SUITE 1209  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		14 N.E. 1 <sup>n</sup> AVE Meiling address of limited (Note: MAY BE POS)	d liability company:	
		MIAMI, FLORIDA 33132		MIAMI, PLORIDA 33132		
•		September 16, 2008		L08000088155  Document number		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	JACK LOCKE		_		
	` '	Registered Agent and Registered Office shown on the recor	ds of the Florida Dept. of Sta	te:	207	
		2625 Ponce De Leon Blvd., Suite 101			1 87	
		Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	-	2020 HAY	
				_	29	
		0.1011	ry 22124			
		Coral Gables	JFL <u>33134</u>	-	PH:	
					1 25	
	(b)	Enter name of NEW Registered Agent and/or NEW Regis	teerd Office address:	-	P1112: 24	
		Direct timbre of the first Appendix of the first time of the first			<del></del>	
				<del></del>		
		NEW Registered Office Address:	•			
		14 N.B. 1" AVENUE, SUITE 1209	· · · · · · · · · · · · · · · · · · ·	_		
		MIAMI	, FL <u>33132</u>	_		
16	4b.a. 1:	mited liability company is not organized under the	se laws of the State of F	lorida it is hereby co	antismed that after the	
ch	ance	or changes are made, the Florida street address	of the registered office	and the business of	fice of the registered	
ЯŒ	enť v	vill be identical. Or, in the case of a Florida lim	nited liability company.	it is hereby confirm	ed that the change(s)	
WE	is/we	are authorized by an affirmative vote of the mem cles of organization or the operating agreement of	ipers of the limited liab I the limited liability cor	mity company or as c noany.	Muetwise brovided in	
		Jonathan "Jack" Locks	_	nathan "Jack" Locke		
-	Slenat	or of a member or authorized representative of a member		Printed or typed name of		
			d agree to act in this ca			
pr the to no	ovisii e obli mere tified	by accept the appointment as registered agent and ons of all statutes relative to the proper and completed in the proper and completed on the proper and completed agent as property reflect a change in the registered office address in writing of this change.	piete performance of my ovided for in Chapter of ess, I hereby confirm th	duties, and I am Jam 5, F.S. Or, if this do at the limited liabili	ultar with ana accept scument is being filed ty company has been	
Şī	gnatur	re of Rogistered Agent				
		n	. O. n (2007 - 70 11 1	Et 26244		

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