Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000258676 3)))



H230002586753ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_

LLC REGISTERED AGENT CHANGE OCEANS MARINE SERVICE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

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.

| l. Na | une of the limited liability company: OCEANS MARIN | E SERVICE LL | C |
|------------------------------------|---|--|---|
| ?. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | | |
| | 08/10/09 | L090 | 00077088 |
| | Date of filing/registration in Florida | 4. | Document number |
| . (a) | ROTH, CHRISTOPHER B | | |
| . () | Registered Agent and Registered Office shown on the records of | the Florida Dept. | , of State: |
| | Registered Office Address (MUST BE FLORIDA STREET) 13183 SARETA CT | (DDRESS) | |
| | PORT CHARLOTTE . FL | 33981 | |
| d. v | Registered Agents Inc | | 202 |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office address: | APPRO AN FILE 1023 JUL 25 CACCATAN TACCATAN |
| | 7901 4th St N | | PRO PRO PILE FILE |
| | NEW Registered Office Address: | | |
| | STE 300 | | |
| | St. Petersburg . FL | 33702 | |
| e cha gent w as/we e arti | mited liability company is not organized under the law ngc or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the une of a member or authorized representative of a member. | the registered ability compared the limited 1 | I office and the business office of the registere ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. |
| Signat | ure of a member or authorized representative of a member | | Printed or typed name of signee |
| rovisia ie obli i mere | ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete frations of my position as registered agent as provided by reflect a change in the registered office address, I lead to this change. | ee to act in th performance d for in Chapt hereby confirm | is capacity. I further agree to comply with the of my duties, and I am familiar with and acce for 605, F.S. Or, if this document is being file in that the limited liability company has been |

Signature of Registered Agent

David Roberts

- Assistant Secretary