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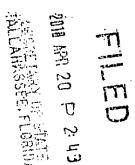
(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Aquasition Crew Service			
Nan	ne of Limited I	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing	<u></u> .
Please return all correspondence concerning th	is matter to the	e following:	
Paul S. Knox			
Name of Person			
Knox Marine Industries			
Firm/Company			
650 SE 5th CT			
Address			
Pompano Beach FL 33060			
City/State and Zip Code			PH 20
Captain@myaquasition.com			P 2: 43
E-mail address: (to be used for future ann	EOR 2:1		
For further information concerning this matter,	, please call:		क्रिंग के
Elaine Dagesse	561	504 0877	
Name of Person		Area Code & Daytime Tele	phone 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	g amount:		
□ \$25 Filing Fee	X 5	555 Filing Fee & Certified Cop	у
INHS18 (2/14)	• •		

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. l	Na	me of the limited liability company: Aquasition Cre	ew Se	rvice	
2. (a					
`	_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		4440 SE Sweetwood Way		4440 SE	Sweetwood Way
		Stuart FL 34997	_	Stuart Fl	_ 34997
		4/18/2018		L1000011	4486
3.		Date of filing/registration in Florida	4.		Document number
5. (a	a)				
J. (,	Registered Agent and Registered Office shown on the records of the Stuart J Haft		a Dept. of State	-):
			DDDEC	C)	
		Registered Office Address (MUST BE FLORIDA STREET A 340 Royal Ponciana Way	<u>DDKES</u>	<u>s)</u>	
		Palm Beach , FL	33480		
/1-	. \				TILE MAR 20
(b)) .	Enter name of NEW Registered Agent and/or NEW Registered (Office ac	ldress:	20 K
		Paul S. Knox			TO TO
		NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
		650 SE 5th Ct			
		Pompano Beach	33060		
was/sthe a Sign I her provide the ofto me	har t we rtik nati reb isici bli	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the law accept the appointment as registered agent and agreement of all statutes relative to the proper and complete particles of my position as registered agent as provided by reflect a change in the registered office address, I have the proper address of this change.	the regibility confitted the limited	istered office ompany, it is nited liability liability com niel S. Dag	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Jesse Printed or typed name of signee
Signa	tur	e of Registered Agent			