111000109871

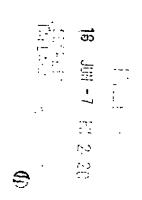
(I	Requestor's Name)			
(Address)				
(Address)				
	City/State/Zip/Phone #)			
· ·	City/Ctate/Zip/Filone #/			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
,	Bookinom warnoo,			
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				

Office Use Only



000314051450

06/08/18--01001--008 ++25.00



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	MARINE EQUIPMENT SUP	T: MARINE EQUIPMENT SUPPLY, LLC Name of Limited Liability Company			
0000					
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the following:			
Heler	n S. Atter				
	Name of Person				
Liles	Gavin, P.A.				
	Firm/Company				
301 V	West Bay Street, Suite 1030	<u>.</u>			
	Address				
Jacks	sonville, Florida 32202				
	City/State and Zip Code				
hatte	r@lilesgavin.com				
F	E-mail address: (to be used for future ann	ual report notification)			
For fu	rther information concerning this matter,	please call:			
Heler	n S. Atter	904 634-1100 at ()			
·	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
	2 \$ 25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INIISI	8 (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. No	ime of the limited liability company: MARINE EQU	JIPMENI S	SUPPLY, LLC
2. (a)	415 N. Richard Jackson Blvd., Suite 208	(b)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)
	Panama City Beach, Florida		THE WALL AND MALE AND
	32407-3664		
	09/26/2011	L11	000109871
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
J. (W)	Registered Agent and Registered Office shown on the records of	the Florida Dept	t. of State:
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	
	1201 Hays Street		
	Tallahassee, FI	32301	
	Liles Gavin, P.A.		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	- -
	The state of the s		
	NEW Registered Office Address:		20
	301 West Bay Street, Suite 1030	<u> </u>	\$
	Jacksonville, FI	32202	
the cha agent v was/we	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be obtained. Or, in the case of a Florida limited liere authorized by an afternative vote of the members of organization or the operating agreement of the	f the registered ability compa of the limited limited liabil	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signs	ture of a member or authorized representative of a member		Printed or typed name of signee
I herei provisi ihe obl to mere notifie	by accept the appointment as registered agent and agent ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.		