L12000016383

(Requestor's Name)							
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(City/State/Zip/Phone #)							
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(Business Entity Name)							
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Special Instructions to Filing Officer:							
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Maritime Transportation Agencies, LLC

Name of Corporation

DOCUMENT NUMBER: L12000016383

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David B. Herring

Name of Contact Person

Admiral Management International

Firm/Company

5350 W. Hillsboro Blvd Suite 106

Address

Coconut Creek,FL 33073

City/State and Zip Code

dherring@admiralmgt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David B. Herring

,954

494-1826

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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



March 9, 2020

DAVID B. HERRING 5350 W. HILLSBORO BLVD STE 106 COCONUT CREEK, FL 33073

SUBJECT: MARITIME TRANSPORTATION AGENCIES LLC

Ref. Number: L12000016383

We have received your document for MARITIME TRANSPORTATION AGENCIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00005176

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations MARITIME TRANSPORTATION AGENCIES, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID B. HERRING Name of Person MARITIME TRANSPORTATION AGENCIES, LLC Firm/Company 5350 W. HILLSBORO BLVD, SUITE 106 Address COCONUT CREEK, FL 33073 City/State and Zip Code dherring@admiralmgt.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID B. HERRING 494-1826 at (Name of Person Area Code & Daytime Telephone Number **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

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.

I. Na	me of the limited liability company: MARITIME TR	ANSPOR	RTATION AC	GENCIES, LLC		
2. (a)			(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 5350 W. HILLSBORO BLVD. SUITE 106			
	5350 W. HILLSBORO BLVD. SUITE 106					
	COCONUT CREEK, FL 33073		COCONU	JT CREEK, FL 33073		
	02/03/2012		L12000016	383		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	UNITED STATES CORPORATION AGENTS, INC					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of Sta	te:		
	Registered Office Address (MUST RE FLORIDA STREET ADDRESS)			-	~?	
	5575 S. SEMORAN BLVD. SUITE 36				<u> 1</u> 020 F.	
	ORLANDO , F	L ³²⁸²²	••	_	2	•
	DAVID D. HERROIG			_	-1	•
(b)	DAVID B. HERRING		_	**************************************	ن. الله	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:		9:0	::-
					6	
	NEW Registered Office Address:		 -	_		
	5350 W. HILLSBORO BLVD. SUITE 106			_		
	COCONUT CREEK . F	L 33073				
If the I	imited liability company is not organized under the la		e State of FI	— orida lit is hereby co	infirmed th	at after the
change agent v was/wo	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of of the li e limited	red office an company, it i mited liabilit	id the business offices hereby confirmed by company or as other and the second	e of the reg that the ch	istered ange(s)
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signee	
provisi the obl to merc notified	by accept the appointment as registered agent and agens 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 in writing of this change	ree to ac perforned for in hereby c	et in this cap nance of my Chapter 60: confirm that	acity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability (ee to compl niliar with a cument is l company h	y with the and accept being filed as been