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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

(a)		(t)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	3310 Mary Street Suite 302		3109 GRAND AVENUE #349 Coconut Grove, FL 33133			
	Coconut Grove, FL 33133					
	12/26/2012	L12000160175				
	Date of filing/registration in Florida	4.		Document numbe	r	
(a)						
(-)	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	of the Florida	Dept. of Stat	_ e:		3
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2	_	1	י ר
	1200 S PINE ISLAND RD SUITE 1020			_	•	:
	PLANTATION	۶L_33324				
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	dress:	-		
	Corporation Service Company					
	NEW Registered Office Address:			-		
	1201 Hays Street			_		
	Tallahassee H	-L		_		
ange ent v s/we	imited liability company is not organized under the least or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles-of organization or the operating agreement of the street of the stree	ne registere liability co s of the lim	ed office and mpany, it is ited liability	d the business offi s hereby confirmed y company or as o	ce of the	e registered e change(s)
	Lie & CiQui		THORIZED PERS	SON		
	ture of a member or authorized representative of a member		Printed or typed name of signee			

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

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

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