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(Requestor's Name) (Address) (Address)	900279696599			
(City/State/Zip/Phone #)	12/07/1501031015 <b>*</b> ¥25.0∪			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	1015 DEC - 7 AH II: 26 TALLAHASSEE TEURDA			
Office Use Only	DEC 08 2015 J. HARRIS			

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Florida LNG Group, LLC Kevin Powers/Propel LNG, LLC 15328 SW Warfield Blvd. Indiantown, FL 34956

December 1, 2015

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Florida LNG Group, LLC

To Whom It May Concern:

I am writing regarding several mattes. First, I am the Managing Member of Florida LNG Group, LLC and would like to update our companies address, email address and phone number as follows:

Principal Address:

Florida LNG Group, LLC Attn: Kevin Powers/Propel LNG, LLC 15328 SW Warfield Blvd. Indiantown, FL 34956

Email Address:

kpowers@onearrow.net

Phone Number:

772-597-3355

Additionally, I have attached the completed form to update our Registered Agent and Registered Agent address.

Should you have any questions regarding these updates, please contact me at the above noted phone number.

Sincerely, Revin Powers

Managing Member

Enclosure

## **COVER LETTER**

TO: Registration Section Division of Corporations

Florida LNG Group, 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:

Kevin Powers/Propel LNG, LLC

Name of Person

Florida LNG Group, LLC

Firm/Company

15328 SW Warfield Blvd.

Address

Indiantown, FL 34956

City/State and Zip Code

kpowers@onearrow.net

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

For further information concerning this matter, please call:

Kevin Powers	772 597-3355 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 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	amount:
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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. Na	ame of the limited liability company: Florida LNG	Group, LLC	
2. (a)	ATTN: Kevin Powers	(b) AT	TN: Kevin Powers
2. (4)	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	15328 SW Warfield Blvd.	153	28 SW Warfield Blvd.
	Indiantown, FL 34956	Indi	antown, FL 34956
	05/20/13	L130	00073641
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Graifman, Robert		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:
	c/o Thylacine Capital, LLC		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	6899 Collins Avenue, Suite N2604		
	Miami Beach, , FI	33141	
(b)	Kevin Powers		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	615 Overlook Drive		
	NEW Registered Office Address:		
	0		
	· · · · · · · · · · · · · · · · · · ·		
	Stuart, FI		
the cha agent w was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li the authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered ability company of the limited list	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signat	the of a member or authorized representative of a member		Printed or typed name of signee
I herel provisi the obli- to mere notified	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 by reflect a change in the registered office address, I in writing of this change.	ree to act in this performance o d for in Chapte hereby confirm	s canacity I further agree to comply with the

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

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