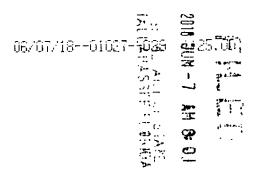
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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J. HARRIE

COVER LETTER

10.	Division of Corporations				
SUBJ	MILL & MARINE SUPPLY, LLC)			
3063		of Limited Lia	bility Company		
Dear S	Sir or Madam:				
The ci	nclosed Registered Agent/Registered Office	Change and f	fee(s) are submitted for filing.		
Please	e return all correspondence concerning this n	natter to the fi	ollowing:		
Hele	n S. Atter				
	Name of Person		_		
Liles	Gavin, P.A.				
	Firm/Company		_		
301 \	West Bay Street, Suite 1030				
	Address		-		
Jack	sonville, Florida 32202		_		
	City/State and Zip Code		-		
hatte	r@lilesgavin.com				
	E-mail address: (to be used for future annual	report notific	cation)		
For fu	orther information concerning this matter, ple	ease call:			
Hele	n S. Atter	904 at (634-1100		
	Name of Person		Area Code & Daytime Telephone 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 an	inclosed is a check for the following amount:			
	■ \$25 Filing Fee	5 55	5 Filing Fee & Certified Copy		
INHS1	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.

Name of the limited liability company: MILL & MA	ARINE SUPPL'	Y, LLC		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	(b) Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
01/23/2014	L14	000012249		
Date of filing/registration in Florida	4.	Document number		
a) Elgin W. Helton				
Registered Agent and Registered Office shown on the record		. Or Marc.		
Registered Office Address (MUST BE FLORIDA STRE 19211 Panama City Beach Pkwy, #305	ET ADDRESSI			
Panama City Beach	32413	2016		
Enter name of NEW Registered Agent and/or NEW Regist	tered Office address	Qp		
NEW Registered Office Address:		3 , 2		
301 West Bay Street, Suite 1030		<u></u>		
Jacksonville	, FL_32202			
c limited liability company is not organized under the change or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membraticles of organization of the operating agreement of the membrative of a member or authorized representative of a member	ss of the registere ed liability compa ers of the limited f the limited liabi Elgin V	ed office and the business office of the register any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. V. Helton, Manager Printed or typed name of signee		
reby accept the appointment as registered agent and issons of all statutes relative to the proper and compobligations of my position as registered agent as proceed reflect a change in the registered office addressible in writing of this change.		of my duries, that rum jumitar with und according to being fill this document is being fill this document is being fill this that the limited liability company has been from that the limited liability company has been		

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