## L14000046369

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		



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Office Use Only

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Marine				
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:				
Robert Classon				
Name of Person				
Marin: Marine				
Firm/Company				
14603 Seach Blud, She 100				
Address				
Lucksowille P2 32250  City/State and Zip Code	・ コ 。 つ 。			
	() 항 ()			
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Robert Classon at 904 BB1-1547 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft 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 amount:				
\$25 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: Warini Marine
2.	(a)	(b)
		Principal office address of limited liability company:  Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
		14603 Seach Blud Ste 100 14603 Beach Slud, She 100
		Justsowille FL 32250 Joeksonville FL 32250
		3/20/14 L14000046369
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		United States Corporation Agouts luc.
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		1330Z Winding Oak Count A
		Tampa ,FL 3361Z
	(b)	
	•	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Leaguie Marini
		NEW Registered Office Address:
		14603 Bach Swd She 100
		Vecksowile ,FL 32250
TC 4	الما	
the	chai	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered
age	nt w	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the	artic	cles of organization or the operating agreement of the limited liability company.
	(	I platerale Kobott Classon
S	ignat	ure of a member or authorized representative of a member Printed or typed name of signee
Ih	eret	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
the	obli	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed Ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been
io i n <del>ot</del>	nere ifiea	ily reflect a change in the registerea office adaress, I hereby confirm that the limited liability company has been I in writing of this change.
7	$\Delta \mathcal{L}$	20071/10010
Sig	natur	re of Registered Agent

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