L1400095223

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N. DENIGHT TOWN OUTER

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJE	GULF-WESTERN MARINE	SERVICES, LI	_C			
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
Please 1	return all correspondence concerning th	is matter to the fol	llowing:			
Matth	ew Blaine					
	Name of Person	*************************************	•			
Gulf-V	Vestern Marine Services, LLC					
	Firm/Company		•			
416 3	8th Ave NE					
	Address					
St. Pe	etersburg, FL 33704					
	City/State and Zip Code	· •				
matth	ew196457@gmail.com					
E	-mail address: (to be used for future ann	ual report notifica	tion)			
For furt	ther information concerning this matter,	please call:				
Kathle	een Premo	727	804-7431			
	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		Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314			
	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.

. (a)			(b)	
	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS 416 38th Ave NE		416 38	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) th Ave. NE
	St. Petersburg, FL 33704		St. Pet	ersburg, FL 33704
	6/13/2014		L140000	095223
. (a)	Date of filing/registration in Florida Corporation Service Company	a 4.		Document number
. (4)	Registered Agent and Registered Office shown on the 1201 Hays St.	records of the Flor	rida Dept. of Sta	ate:
	Registered Office Address GMUST BE FLORIDA	STREET ADDRI	ESS)	_
	Tallahassee	3230 , FL)1	
(b)	Matthew Blaine		2815 MW 23 PM	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			PA 22
	NEW Registered Office Address:		······································	
	St. Petersburg	3370)4	_
ne cha gent w /as/we	mited liability company is not organized unonge or changes are made, the Florida street a fill be identical. Or, in the case of a Florida tree authorized by an affirmative vote of the notices of organization or the operating agreement.	der the laws of the real direction of the limited liability nembers of the limited that it is not the limited that is not that is not the limited that	gistered office company, it limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Signat	ure of a member or authorized representative of a men	nber		Printed or typed name of signee
roviși ne obli nere	ny accept the appointment as registered ager ons of all statutes relative to the proper and igations of my position as registered agent a ly reflect a change in the registered office a I in spiting of this change.	nt and agree to complete performs provided for indiress, I hereby	act in this cap rmance of my n Chapter 60 confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed the limited liability company has been