

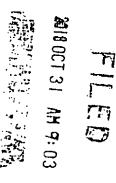
| (Requestor's Name) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
| <u> </u> | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| (Business Entity Name) | | | | | | |
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| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|---------|--|-----------------------------------|---|--|--|--|--|
| SUBJI | Atlantic & Gulf Dredging & N | Marine, LLC | .C | | | | |
| | | Name of Limited Liability Company | | | | | |
| Dear S | ir or Madam: | | | | | | |
| The en | closed Registered Agent/Registered Off | fice Change a | and fee(s) are submitted for filing. | | | | |
| Please | return all correspondence concerning th | is matter to t | the following: | | | | |
| Josep | oh Walsh | | | | | | |
| | Name of Person | | | | | | |
| Atlant | tic & Gulf Dredging & Marine, LLC | | | | | | |
| | Firm/Company | | | | | | |
| 21043 | 3 S.W. Citrus Blvd. | | | | | | |
| | Address | | | | | | |
| India | ntown FL 34956 | | | | | | |
| | City/State and Zip Code | | • ••• | | | | |
| mar | y@gatewayquestllc.com | | | | | | |
| E | -mail address: (to be used for future ann | nual report no | iotification) | | | | |
| For fur | ther information concerning this matter. | , please call: | : | | | | |
| Магу | VanDyke | 616 at (| 392-2958 | | | | |
| | 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 | gamount: | | | | | |
| | ☐ \$25 Filing Fee | | 3 \$55 Filing Fee & Certified Copy | | | | |
| INHSI | 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

| i. | Na | ane of the limited liability company: Atlantic & Gulf | Dredging & N | Marine, LLC | |
|-----------------|-------------------------|---|--|--|---------|
| 2. | (a) | Atlantic & Gulf Dredging & Marine, LLC | | | - |
| | (/ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX) | - |
| | | 21043 S.W. Citrus Blvd | same | | |
| | | Indiantown FL 34956 | | | _ |
| | | October 15, 2014 | L14000 | 0161044 | |
| 3. | | Date of filing/registration in Florida | 4. | Document number | - |
| 5. | (a) | James Walsh | | | |
| | ,,,, | Registered Agent and Registered Office shown on the records of t Atlantic & Gulf Dredging & Marine, LLC | State: | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | | | |
| | | 21043 S.W. Citrus Blvd. | €% 52 | | |
| | | Indiantown F1, | 34956 | 2818 OCT 31 | |
| (b) | (b) | Joseph Walsh | | CT 3 | 7 |
| | , , | Enter name of NEW Registered Agent and/or NEW Registered | | , | |
| | | Joseph Walsh | AH AH AH | Ş | |
| | | NEW Registered Office Address | | 9 : 03 | |
| | | same | | • | |
| | | | | | |
| | | FL | | | |
| the ag wa | e cha ent v is/we | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the registered of bility company, f the limited liab | fice and the business office of the registered it is hereby confirmed that the change(s) oility company or as otherwise provided in company. | .t |
| / | Signa | tare of a member or authorized representative of a member | | Printed or typed name of signee | - |
| pr the to | ovisi cobi mer | by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. If d in stiting of this change. | nerformance of . | my duties, and I am familiar with and accept |) f |
| Si | gno bl | re of Registers Agent | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, F1, 32314 F1LING FEE: \$25.00