

**L15000000058**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

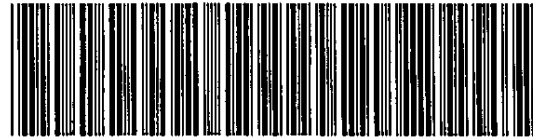
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

623

Office Use Only



**500293488805**

01/03/17--01029--029 \*\*25.00

JAN 19 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN -3 PM 2:24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2017

MARCUS CHEESMAN  
MARITIME SAFETY ACADEMY  
10455 SPARKLE CT  
ORLANDO, FL 32836

SUBJECT: MARITIME SAFETY ACADEMY, LLC  
Ref. Number: L15000000058

We have received your document for MARITIME SAFETY ACADEMY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 017A00000128

17 JAN -3 PM 2:24

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2017 JAN 18 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARITIME SAFETY ACADEMY  
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:

MARCUS CHEESMAN

Name of Person

MARITIME SAFETY ACADEMY

Firm/Company

10455 SPARKLE CT

Address

ORLANDO, FL, 32832

City/State and Zip Code

marcus@maritimesafetyacademy.com

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

For further information concerning this matter, please call:

MARCUS CHEESMAN

Name of Person

at (407) 748 8302

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 amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN -3 PM 2:24

**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. Name of the limited liability company: MARITIME SAFETY ACADEMY
2. (a) 832 S SOUTH PARK CIRCLE (b) 1140 KENDALL TOWN BLVD  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
ORLANDO, FL 32819 UNIT 2310  
JACKSONVILLE, FL 32225
3. 12/31/2014 4. LI 50000000 58  
Date of filing/registration in Florida Document number
5. (a) UNITED STATES CORPORATION AGENTS INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 WINDING OAKS COURT  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE A  
TAMPA, FL 33612
- (b) LAURA KARKLINA  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
8325 SOUTH PARK CIRCLE  
**NEW Registered Office Address:**  
ORLANDO  
, FL 32819

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN -3 PM 2:24

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

M. H. [Signature]  
Signature of a member or authorized representative of a member

MARCUS CHEESMAN  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent