## L15 0000 40118

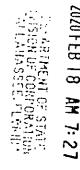
(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone #	<del>f</del> )		
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☐ PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	)		
(Do	ocument Number)	-		
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer				
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Office Use Only



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MAR 1 1 2020 S. YOUNG

## **COVER LETTER**

HS18 (2/14)

<b>FO:</b> Registration S Division of C				
Outpost l	Marine Group, LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Register	red Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.	
Please return all corre	spondence concerning th	is matter to t	the following:	
Paul Gionis				
/ <del>****</del> **	Name of Person		<del></del>	
Gionis & Lilly, PLLC				
	Firm/Company			
299 Main Street, Ste C				
	Address		- <del></del>	
Dunedin, FL 34698				
C	City/State and Zip Code		<del></del>	
ervice@gionislilly.con	1			
E-mail address:	(to be used for future ann	ual report no	otification)	
or further informatio	n concerning this matter,	please call:		
aul Gionis		727 at (	446-3333	
Namo	of Person		Area Code & Daytime Telephone Number	
Mailing Ado Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a	check for the following	amount:		
□ \$25 Filing	Fee	ت	\$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.

1. N	ame of the limited liability company: THE OUTPOST	MARINE GROUP, LLC
2. (a)	1925 US HWY 19 NORTH, HOLIDAY, FL 34691	(b) 1299 MAIN STREET, STE C, DUNEDIN, FL 34698
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
2	03/04/2015	L15000040118
3.	Date of filing/registration in Florida	4. Document number
5. (a)	David Petrantoni  Registered Agent and Registered Office shown on the records of 1925 US HWY 19, HOLIDAY, FL 34691  Registered Office Address (MUST BE FLORIDA STREET)	ADDRESSO STORY
	1925 US HWY 19	
	HOLIDAY . FI	TOOLS 100kg
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:
	NEW Registered Office Address:	
	1299 MAIN STREET, STE C	·
	DUNEDIN	34698
change agent was/withe arthere provisithe oblito merinotified	tor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited hiere authorized by an affirmative vote of the members of clessof organization or the operating agreement of the fure of a member or authorized representative of a member by accept the appointment as registered agent and aground one of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I in swriting of this change.	Printed or typed name of signee  ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signatu	Of Gignis & [1]	
		Box 6327