115000052036

(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:							
2017 AUG 14 PN SE STALL ALLAHASSEE, ELORIG							
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SECRETARY OF STATE
AND ASSESSED TO STATE OF ST

D. BRUCE AUG 1 6 2017

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: FAITH UNLIMITED SHRIMPING LLC								
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	r to the following:							
JB ROTH								
Name of Person								
ROTH LAW FIRM PL Firm/Company TALLAH ASSET ARY Firm/Company								
Firm/Company	AS 1							
AAAA ADEENI AND DD ALUTE AAA								
Address	OF STATE							
JACKSONVILLE, FL 32258								
City/State and Zip Code								
JB@ROTHLAWFIRM.NET								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
JB ROTH at (904 595-7900							
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 amount:								
☑ \$25 Filing Fee	□ \$55 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.	Name of the limited liability company: FAITH UNLIMITED SHRIMPING LLC					
2.		6315 BROUGH ROAD	(b)	6315 BR	OUGH ROAD	
2.	(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		ELKTON, FL 32033	_	ELKTON	, FL 32033	
		00/00/0045	-			
_		03/23/2015	-	L1500005		
 3. 5. 	(a)	Date of filing/registration in Florida ROTH LAW FIRM PL	4.	I	Document number	
	()	Registered Agent and Registered Office shown on the records of the 234 CANAL BLVD	e Florida	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)		1	
		SUITE 2			ALLE ZEI	
		PONTE VEDRA BEACH , FL	32082		FILE 2017 AUG 15 F SECRETARY OF TALLAHASSEE.	
	(b)	ROTH LAW FIRM PL				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office add	ress:		
		6100 GREENLAND ROAD			STATE LORIDA	
		NEW Registered Office Address:				
		SUITE 604				
		JACKSONVILLE , FL 3	32258			
the age	cha ent v s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis bility co the lim mited li	tered office mpany, it is ited liability iability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
	Signat	of a member or authorized representative of a member	JEA		H, AUTH. REPRESENTATIVE Printed or typed name of signee	
Ill pro the to no	nerel ovisi obli mere tified	by accept the appointment as registered agent and agree ons of all statules relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act erforma for in C ereby co	in this cana	city. I further garee to comply with the	
Si	gnatul	of Registered Agent				