

15000 153564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

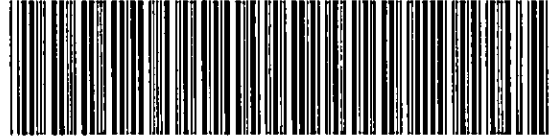
(Business Entity Name)

(Document Number)

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

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2019 FEB 19 PM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T.S.  
02/25/19



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

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Date:	February 01, 2019	AE:	Cori Ann Crosthwaite
TO:	Registration Section Division of Corporations	H1039	REFERENCE: 1253509
	CLIFTON BUILDING		
	2661 EXECUTIVE CENTER CIRCLE		
	TALLAHASSEE, FL 32301		

FAX:

PLEASE PERFORM THE FOLLOWING:

**AQUA DIVE INTL. LLC**

**Change of Registered Agent**

**IN: FL**

SPECIAL INSTRUCTIONS:

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS**

**RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833**

**CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272**

**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: AQUA DIVE INTL. LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>3200 NORTH KINGS HIGHWAY</u> <u>FORT PIERCE, FL 34951</u>	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>3200 NORTH KINGS HIGHWAY</u> <u>FORT PIERCE, FL 34951</u>
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3. \_\_\_\_\_ Date of filing/registration in Florida      4. \_\_\_\_\_ Document number

5. (a) LEGALINC CORPORATE SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
5237 SUMMERLIN COMMONS SUITE 400  
FORT MYERS, FL 33907

(b) ROCKET LAWYER CORPORATE SERVICES LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Drive, 1st Floor  
NEW Registered Office Address:

Tallahassee, FL 32301

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.

_____ Signature of a member or authorized representative of a member	_____ Printed or typed name of signer
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*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.*

L. Herrera Lefina Herrera Asst. Secretary  
Signature of Registered Agent

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

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