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| (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: | | | |
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Office Use Only



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SECRETARY OF STATE

SHARKSSEE FLOOR

COVER LETTER

| REPUBLIC MARITIME, LLC | 3 | | |
|--|------------------|--|-----------------|
| SUBJECT: Nan | ne of Limited L | iability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Off | ice Change and | I fee(s) are submitted for filing. | |
| Please return all correspondence concerning th | is matter to the | following: | |
| Christopher Sedlacek | | | |
| Name of Person | | <u> </u> | |
| Republic Maritime, LLC | | | |
| Firm/Company | | | |
| 5030 Champion Blvd., Ste. G11-230 | | | IJS. ➡ |
| Address | *** | | ALLANGE ONE |
| Boca Raton, FL 33496 | | | APR 29 RETARY O |
| City/State and Zip Code | | | FF, 71. |
| sedlacekc@outlook.com | | | L 9: 1 |
| E-mail address: (to be used for future and | nual report noti | fication) | 12 A |
| For further information concerning this matter | , please call: | | |
| Christopher Sedlacek | 305 at (| 778-1099 | |
| Name of Person | ** (| Area Code & Daytime Teleph | none Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Ro D P. | egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 | |
| Enclosed is a check for the following | g amount: | | |
| ☑ \$25 Filing Fee | □ \$ | 355 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

| Name of the limited liability company: REF | PUBLIC MARITIME, LLC |
|---|--|
| a) 16775 Newark Bay Rd. | (b) 5030 Champion Blvd. |
| Principal office address of limited liability of (Note: MUST BE STREET ADDRE | company: Mailing address of limited liability company: |
| | Ste. G11-230 |
| Delray Beach, FL 33446 | Boca Raton, FL 33496 |
| November 17, 2015 | L15000194008 |
| Date of filing/registration in Flori | ida 4. Document number |
| (a) Christopher Sedlacek | |
| Registered Agent and Registered Office shown on t | the records of the Florida Dept. of State: |
| 5030 Champion Blvd. | |
| Registered Office Address (MUST BE FLORIL | DA STREET ADDRESS) |
| Ste. G11-230 | |
| Boca Raton | , FL 33496 |
| b) Christopher Sedlacek | CORE A |
| Enter name of NEW Registered Agent and/or NEV | W Registered Office address: |
| 16775 Newark Bay Rd. | W Registered Office address: ASSEE OF SEE |
| NEW Registered Office Address: | 9 12 TATE ORIDA |
| Delray Beach | , _{FL} 33446 |
| change or changes are made, the Florida street in will be identical. Or, in the case of a Florida /were authorized by an affirmative vote of the articles of organization or the operating agreet | Christopher Sedlacek |
| gnature of a member or authorized representative of a m | |
| ucione of all etatutae ralativa to the proper an | gent and agree to act in this capacity. I further agree to comply with nd complete performance of my duties, and I am familiar with and acc t as provided for in Chapter 605, F.S. Or, if this document is being fi e address, I hereby confirm that the limited liability company has been |

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