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, COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
Consolidated Maritime Resources, SUBJECT:	Consolidated Maritime Resources, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	r to the following:					
Paul S. Foran						
Name of Person	 _					
Consolidated Maritime Resources, LLC						
Firm/Company						
605 Captiva Drive						
Address						
Ponte Vedra, FI 32081						
City/State and Zip Code						
paulforan@cmr96.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please of	call:					
Paul S. Foran	904 309-3381					
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					

. 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: Consolidated	Marit	im	e Resour	rces, LLC	
2. (a)	Consolidated Maritime Resources, LLC		(b) Consolidated Maritime Resources, LLC			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	605 Captiva Drive			605 Cap	tiva Drive	
	Ponte Vedra, Fl 32081	_		Ponte Ve	edra, Fl 32081	
	11 March 2016		L	.1600005	50680	
3.	Date of filing/registration in Florida	4.	_	-,	Document number	—
5. (a)	United States Corporation Agents, Inc.					
(**)	Registered Agent and Registered Office shown on the records of	the Flori	da f	Dept. of State	- ::	
	United States Corporation Agents, Inc				18 Si	
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRES	<u>55)</u>		E Significant	
	13302 Winding Oak Court A					=
	Tampa		2		PR	٠. اب
	David C. Faran					., ;-
(b)	Paul S. Foran				- 10°	-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddr</u>	<u>ess</u> :	•	
	Paul S. Foran					
	NEW Registered Office Address:					
	605 Captiva Drive					
	Ponte Vedra, FL	32081				
me chai agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited lia te authorized by an affirmative vote of the members of les of organization or the operating agreement of the l	the reg bility c f the lir	iste om nite	red office pany, it is ed liability	and the business office of the register hereby confirmed that the change(s)	
	Ceed 1	Pa	ul.	S. Foran		
	are of a member of authorized representative of a member				Printed or typed name of signee	_
me vhli o mgre notified	y accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of any position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	re to ac perform for in ereby c	t in tan Chi con,	this capa ce of my d apter 605, firm that ti	city. I further agree to comply with that titles, and I am familiar with and accepts. Or, if this document is being file he limited liability company has been	e pi id