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## COVER LETTER

•	gistration Section rision of Corporations				
SUBJECT:	BNB Marine LLC				
oomer.		ne of Limited Lia	bility Company		
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.		
Please retur	n all correspondence concerning th	is matter to the fo	ollowing:		
Natacha I	M. Bastian				
	Name of Person		_		
BNB Mari	ine LLC				
	Firm/Company	<del>-</del>	<del>-</del> -		
7035-F S	W 47 Street				
	Address				
Miami, FL	. 33155				
	City/State and Zip Code		_		
lori@thun	der-electric.com				
E-mai	l address: (to be used for future and	nual report notific	cation)		
For further	information concerning this matter.	, please call:			
Natacha E	Bastian	305	345-0130		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div Clif 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building of Executive Center Circle lahassee, Florida 32301	Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
Enclosed is a check for the following amount:					
2	\$25 Filing Fee	<b>□</b> \$5:	Filing Fee & Certified Copy		
INHS18 (2/I	4)				

## 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.

I. Na	ame of the limited liability company:	LLC			
2. (a)	7035-F SW 47 Street	70	(b) 7035-F SW 47 Street		
L. (II)	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)		
	Miami, FL 33155	Mis	iami, FL 33155		
	09/15/2016		6000173283		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	MUNILLA BASTIAN, NATACHA				
, ,	Registered Agent and Registered Office shown on the records o 5837 SW 82ND STREET	f the Florida Dept	L of State:		
	Registered Office Address	ADDRESS)			
	Miami , F	L33143	T AU		
(b)	MUNILLA BASTIAN, NATACHA		PIL ANG 27		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address			
	7035-F SW 47 Street		AM 9: 01 E. FLORID		
	NEW Registered Office Address:		Diff.		
	Miami	, 33155			
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by a praffirmative vote of the members acles of deganization or the operating agreement of the	of the registere liability compa of the limited e limited liabil	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mer notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this pringe.	gree to act in ti e performance led for in Chap I hereby confir	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filed om that the limited liability company has been		
Signatu	re of Registered Agent				

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