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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE
BLUE DOT MARITIME SERVICES, LLC

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DEC 3 0 2018

T. LEMIEUX

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.

l. Na	me of the limited liability company: Blue Dot	Mari	time S	Services, LLC	
2. (a)	757 SE 17TH ST.	(h	, 757 S	E 17TH ST.	
. (14)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	453		453		
	FORT LAUDERDALE, FL 33316	_	FORT	LAUDERDALE, FL 33316	
	09/19/16		L16000	0173976	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.			
(b)	Registered Agent and Registered Office shown on the records of t	the Florida	i Dept. of St	ate:	
	13302 WINDING OAK COURT				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Α			_	
	TAMPA	33612	3612		
				_	
	Registered Agents Inc.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	201	
	7901 4th St N			9EC	
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg , FL	33702	2	Waller St.	
the chi agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited licere authorized by an affirmative vote of the members cales of organization or the operating agreement of the	the reginability confithe lingling limited	stered offi ompany, it nited liabii liability co	ice and the business office of the registere t is hereby confirmed that the change(s) lity company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member	- HIE	ey Park	Printed or typed name of signee	
I here provisi the obl to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is myriting of this change. Bill Havre - Assistante of Registered Agent	perform d for in (hereby c	iance of m Chapter 6 onfirm the	apacity. I further agree to comply with the by duties, and I am familiar with and accep DS, F.S. Or, if this document is being filed	