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(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Cil	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
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04/27/18--01026--030 **350.00



HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FN Anticipation, Name of	LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Daniel Cohen Name of Person	
Fishing Vessel Enterprises, Inc	 -
6301 Collins Avenue Apt Address	2807
Miami Beach, Fl 33141 City/State and Zip Code	
CStartare atlantic capes com E-mail address: (to be used for future annual	report netification)
For further information concerning this matter, ple	
Rich Startare	at (609) 884-3000
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 am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Na	nme of the limited liability company:FN AH	icipation,	LLC	
2 (a)	154 Easton Drive NW	(b)		
()	Principal office address of limited liability company:		Mailing address of limit	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE PO	SI OFFICE BOX)
	Part Charlotte, FI 33952			<u></u>
				
	12 12:11/	1.1/	<u>たらむまなココル</u>	
3.	Date of filing/registration in Florida		Document number	•
		**	Document number	•
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dent of	State:	
	154 Easton Dr. NW	2.01.01.02 2 3 pt. 01		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		T7 00
		280.50		
	Port Charlotte, FI	23425		3
(L)	Daniel College			Signal Company
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:		99
				William State of the State of t
	6301 Calling Avenue Apt#	2807	<u> </u>	
	NEW Registered Office Address:			
				
		25		
	Miami Beach, FI	33141		
If the l	imited liability company is not organized under the la	ws of the State of	f Florida, it is hereby c	onfirmed that after
the cha	inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li	f the registered of ability company,	ffice and the business of the is hereby confirmed,	office of the registered that the change(s)
was/w	te authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	of the limited lial	bility company or as ot	herwise provided in
	cies of yighting the operating agreement of the		el Cohen	
Signa	ture/of a member of authorized representative of a member		el Cohen Printed or typed name	of signee
I here	by accept the appointment as registered agent and ag	4		براه بالهزير والسيسوم والمورو
the obl	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete that ions of my position as registered agent as provide ly reflect a change in the fegistered office address, I if in writing of this change.	ed for in Chapter hereby confirm t	605, F.S. Or, if this de hat the limited liability	ocument is being filed company has been
notifie	I in writing of this change.	nereby conjum i	ine ine immieu iuutiity	company nui occir
V1 1	Jenal Im			