## L16000233801

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(During and Fulfa Marca)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE NLLAHASSEE, FLORIDA 2018 APR 27 AM 8: 45

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: F/V Lady Roslyn, LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to t	he following:				
Daniel Cohen Name of Person	<u>.                                    </u>				
Fishing Vessel Enderprises Inc. Firm/Company					
G301 Colling Avenue Apt 280-	)				
Miami Beach, Fl 33141  City/State and Zip Code					
E-mail address: (to be used for future annual report n	otification)				
For further information concerning this matter, please call:					
Rich Starture at (60)	9 )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 amount:					
\$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.

	ame of the limited liability company:FN _c	wy iwiy	TLLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited (Note: MAY BE POST	•
	Port Charlotte, F1 33952			
	12/31/16	ı	L16000 233801	
3.	Date of filing/registration in Florida	4.	Document number	
5 (6	Daniel Cohen			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS)	<u></u>	
	Registered Office Address (WOBT BE PLONIDA STREET)	ADDICESS)		
			<u>F</u>	<b>2018</b>
	Port Charlotte, FL	33952	<u>[</u> —] •>-	
	, 12	<u> </u>	AHASSEE, FLORI	APR 2
(h)	Daniel Colven		် လ	27
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
			<u> </u>	F A III
	6301 Calling Avenue Apt#	2807	OR:	
	NEW Registered Office Address:			<u> </u>
			<del></del>	
		<b>a</b> a		
	Miami Beach, FI	33141	<del></del>	
the ch	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of	f the registered ability compan	office and the business offi y, it is hereby confirmed that	ce of the registered at the change(s)
the ar	ticles of organization or the operating agreement of the	limited liabilit	y company.	wise provided in
	had the	Dan	ilel Cohen	
Sign	ature of a member or authorized representative of a member		Nel Cohen Printed or typed name of	signee
provis the ob to men notifie	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligotions of my position as registered agent as provide rely reflect a change in the registered office address, I all in writing of this change.	ree to act in thi performance o d for in Chapte hereby confirm	s capacity. I further agree of my duties, and I am famil or 605, F.S. Or, if this docu of that the limited liability co	to comply with the iar with and accep ment is being filed mpany has been