

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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

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LLC REGISTERED AGENT CHANGE SHOP BUOY LLC

| Certificate of Status | 0 |
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Help

S. WARREN SEP 2 5 2017

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: SHO | P BUOY LL | _C | | |
|-------------------------------------|--|---|---|--|--|
| 2. (a) | 3124 W SLIGH AVENUE | (h) 3 | (b) 3124 W SLIGH AVENUE | | |
| (-, | Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | | Mailing address o | f limited liability company: E POST OFFICE BOX) | |
| | APT C | AI | PT C | | |
| | TAMPA, FL 33614 | TA | AMPA, FL 33614 | | |
| | 06/05/2017 | L1 | 7000122651 | | |
| 3. | Date of filing/registration in Florida | 4. | Document nu | | |
| 5. (a) | MERCADO, REOCEL M | | | | |
| | Registered Agent and Registered Office shown on the te | seards of the Florida Dep | st. of State | | |
| | 3124 W SLIGH AVENUE | | | | |
| | Registered Office Address (MUST BE FLORIDA S | TREET ADDRESS) | • | 78 5 | |
| | APT C | 311 Mars. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 100 A | |
| | TAMPA | _{FL} 33614 | | FIL SEP 22 CRETARY | |
| (4) | Registered Agents Inc. Finter name of NEW Registered Agent and/or NEW R. 3030 N. Rocky Point Dr. NEW Registered Office Address: STE 150A | | | FILED 22 AMII 35 TARY OF STATE TASSEE, FLORIDA | |
| | | . FL 33607 | | | |
| the cha agent was/we the arti | imited liability company is not organized underinge or changes are made, the Florida street advill be identical. Or, in the case of a Florida linere authorized by an affirmative vote of the meticles of organization or the operating agreement ture of a member or authorized representative of a member by accept the appointment as registered agent tions of all statutes relative to the proper and controls. | dress of the registere mited liability compa mbers of the limited it of the limited liabi Riley P | ed office and the busing any, it is hereby confit liability company or a lity company. Park Printed or typed this capacity. I further | ness office of the registered rmed that the change(s) as otherwise provided in a name of signee r agree to comply with the | |
| пописе | ions of all statutes relative to the proper and configurations of my position as registered agent as perfect a change in the registered office additionally time of this change. Bill Havre - As re of Registered Agent | próvided főr in Chap Iress, I hereby confir esistant Secretary | | his document is being filed bility company has been | |