

5/11/2018



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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.

	me of the limited liability company:	Fincantieri Service					
(a)	7300 Comorate Center Drive, Suite 711, Mismi FL 33		, (t	7300 Corporate Center Drive, Suite 711, Miami FL 3.			
	Principal office address of limited fiability company: (Note: Att:ST BE STREET ADDRESS)			Musting address of limited flability company: (Note: MAY BE POST OFFICE BOX)			
	09/13/2017		•		103		
	Date of filing/registration in	Florida	4.	7,170001569	Document number		
(a)	Alonzo Llorens - c/o Gordon & Rees		4.		Document number		
						~7	
	Registered Agent and Registered Office show	in on the records of the	ne Florida	Dept. of State	.	310	
	Registered Office Address (MUST BE F)	ORIDA STREET A	ANDLEC			15.7	•
	- c/o Gordon & Rees LLP, 100 SE Sec			: :			
				•			٠.
	MIAMI	, FL	33131			J	•
						Ų.	
(b) .	Enter name of NEW Registered Agent and/o	r NFW Registered (Mice ada	255'		-	
						~	
	C T Corporation System		•	-d*	•		
	NEW Registered Office Address:		;	,			
	1200 South Pine Island Rond						
	Plantation	151	33324				
chan	nited liability company is not organize see or changes are made, the Florida s	ed under the laws	he regis:	red office	and the business offi	ce of the regi	ster
chan ut wi /wer	nited liability company is not organiz	ted under the laws street address of the dorida limited high fithe members of	s of the she regis: he regis: oility con the limit inited lia	gred office apany, it is ed hability ability com	and the business offi hereby confirmed the company or as other pany.	ce of the regi	ist e ro (s)
chan nt wi a/wer artic	nited liability company is not organiz ge or changes are made, the Florida s ill be identical. Or, in the case of a Fl e authorized by an affirmative vote o	ted under the laws street address of illorida limited hab f the members of greement of the li	s of the she regis: he regis: oility con the limit inited lia	red office apany, it is ed liability	and the business offi hereby confirmed the company or as other pany.	ce of the regination of the change wise provide	ist e r (s)

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

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