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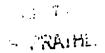
(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
						
Special Instructions to Filing Officer:						

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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	MARINE VET HANDYMAN	S, LLC	
		Liability Company	
Dear S	Sir or Madam:		
The er	iclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to th	ne following:
ORA	L WALKER		
	Name of Person		
MAR	INE VET HANDYMAN SERVICES	S, LLC	
	Firm/Company		
1079	1 NW 53RD ST- SUITE 102		
	Address	•	
SUNI	RISE, FL 33351		
**	City/State and Zip Code		
MAR	INEVETHS@GMAIL.COM		
I	3-mail address: (to be used for future and	nual report no	tification)
For fu	rther information concerning this matter	, please call:	
ORAI	L WALKER	954 at (625-4385
	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	g amount:	
	☑ \$25 Filing Fee	ū	\$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	me of the limited liability company: MARINE VET	HAN	DYMAN SE	ERVICES, LLC			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 10791 NW 53RD ST- SUITE 102							
		SUNRISE, FL 33351	_	SUNRISE, FL 33351				
		02-05-2018		L1800003	31548			
3. 5	(a)	Date of filing/registration in Florida ORAL WALKER	4.		Document number			
5. (a)	(4)	Registered Agent and Registered Office shown on the records of t	the Florid	la Dept. of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4660 N HIATUS RD			2018 DEC 18			
		SUNRISE	33351		EC			
(b)		Enter name of NEW Registered Agent and/or NEW Registered Office address:			SSEE, FL			
		NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	-			
		10791 NW 53RD ST- SUITE 102		 -	-			
		SUNRISE , FL	33351		_			
the age was	cha nt v :/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regability of the linited	istered office company, it i mited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.			
Ši	igna	ture of a member or authorized representative of a member			Printed or typed name of signee			
pro the to n	visi obl nere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I l I in writing of this change.	ee to ac perform d for in hereby (ct in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been			
Sign	natu	re of Registered Agent						