Florida Department of State Division of Corporations Division of Corporations Electronic Elithing Cover Sheet

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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 TREADWELLS CAPTAIN SERVICES, LLC

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JAN 24 2020

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 107100. 1. Na	" ime of the limited liability company:	Treadwell	s captai	in servic	es.		
	378 NORTHLAKE BLVD.		(b) 378 NORTHLAKE BLVD.				
2. (a)	Principal office address of limited li (Note: MUST BE STREET)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	NORTH PALM BEACH, I	-L 33408	NOF	RTH PALM E	BEACH, FL 3340	8	
	02/12/18		L180	000037773	}		
3.	Date of filing/registration i	n Florida	4.	Docume	nt number		
5 (a)	UNITED STATES CORPORA	TION AGENTS	, INC.		_		
5. (a)	Registered Agent and Registered Office sho			of State:	1. 2020 2000		
	5575 S. SEMORAN BLV	D			A Section	70.5	
	Registered Office Address (MUST BE)	FLORIDA STREET A	DDRESS)		2020 JAN 23 SECRETAR TALLAHA	dear.	
	SUITE 36				3. F. S.	l.	
	ORLANDO	, FL	32822		20 JAN 23 AM II: 39 ECRETARY OF STATE TALLAHASSEE, FL	O	
(b)	Registered Agents I		Office address:		39 FIL		
	7901 4th St N						
	NEW Registered Office Address:			,, 			
	STE 300						
	St. Petersburg	, FL	33702				
the chi agent was/w the art	limited liability company is not organing or changes are made, the Florid will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	a street address of Florida limited lia t of the members of g agreement of the	the registered bility compar f the limited l	office and the ny, it is hereby iability comparty ty company.	confirmed that the c ny or as otherwise p	ne registereu :hange(s)	
	ature of a member or authorized representative				or typed name of signee		
provis the ob- to me)	thy accept the appointment as registations of all statutes relative to the pro- ligations of my position as registered rely reflect a change in the registered and in writing of this change. Bill Havio	per ana complete l'agent as provided l'office address, I k	ee to act in th performance of I for in Chapt iereby confirm t Secretary	is capacity. If of my duties, av er 605, F.S. O n that the limit	Further agree to com nd I am familiar wit or, if this document i. ed liability company	ply with the h and accept s being filed r has been	
Signati	ure of Registered Agent		.				

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