118000138401

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip	o/Phone #)				
PICK-UP W	AIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Cer	tificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



300330244953

06/18/19--01001--012 **25.00

U



COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Pensacola Pontoons						
	iability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
Charl	es Trinque						
	Name of Person						
Pensa	acola Pontoons						
•	Firm/Company						
3000	Ranchette Sq						
	Address		 -				
Gulfbi	reeze, FL 32563						
	City/State and Zip Code						
Pensa	colaPontoons@gmail.com						
E	mail address: (to be used for future annu	al report notifi	cation)				
For fur	ther information concerning this matter, p	olease call:					
Charle	es Trinque	850	602-4551				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	MA	ALLING ADDRESS:				
	Registration Section		gistration Section				
	Division of Corporations		ision of Corporations				
	Clifton Building	P.O	. Box 6327				
	2661 Executive Center Circle	Tall	lahassee, Florida 32314				
	Tallahassee, Florida 32301						
	Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	\$5 5	5 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. Name of the limited liability company:

Pensacola Pontoons

1.	Na	me of the limited liability company: Pensacola Po	ntoons L	·
2. (a	a)		(b)	
(.	-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3000 Ranchette Sq. Gulfbreeze, FL 32563	3000 Ra	anchette Sq. Gulfbreeze, FL 32563
		june 4th 2018	l1800013	38401
3.		Date of filing/registration in Florida	4.	Document number
5. (a ì	Registered Agents inc.		
<i>5.</i> (,	Registered Agent and Registered Office shown on the records of the Registered Agents inc.	he Florida Dept. of Sta	te:
		Registered Office Address (MUST BE FLORIDA STREET A 3030 n Rocky Point Dr. Ste 150A	DDRESS)	_
		Tampa , FL	33607	_
(1	o)	Charles Trinque		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•		Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
		Charles Trinque		
		NEW Registered Office Address:		T [TO []]
		3000 Ranchette Sq.		ي بي : دن -
		Gulf Breeze , FL	32563	⊕ 5
the cagen was/	ha t w we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registered offic bility company, it is the limited liability imited liability con	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sig	nat	rure of a member or authorized representative of a member	<u>Charle</u>	S /r, nave Printed or typed name of signee
I he prov the o	rek isio bli ere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change of this change.	e to act in this can	pacity. I further agree to comply with the
Sign	afııı	re of Registered Agent		
J. 5.11	(1	or troping regain		1