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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Hp Harine Name	Sports 44c of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:							
Enrique Piwko Name of Person							
HD Marine Sports LCC Firm/Company							
Noy Sw 177 CT Address							
Miami FL 33183 City/State and Zip Code							
henry @ all Starren Ity mi E-mail address: (to be used for future annua	al report notification)						
For further information concerning this matter, p							
Enrique Piwko Name of Person	at (305) 381 - 6700 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 a	mount:						
S25 Filing Fee	☐ \$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.

I. Na	me of the limited liability company: $_$ HP M	arine	S_{2n}	rts	LLC
2. (a)	7104 SW 127 CT	(b)	V 	7104	SW 127 CT
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	address of limited liability company: MAY BE POST OFFICE BOX)
	Miami, FC 33183				
	rami, pe soits			ream	ni, FL 33183
	06/19/218			1807	7 150881
3.	Date of filing/registration in Florida	— _{4.} -	<u> </u>	Docur	ment number
5. (a)	Enrique Powto				
	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of	State:	
	7104 SV 137 CT				
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)			
					ar are
	<u>Miami</u> , FI	L 331	83		
(b)	John Vergara				.d.
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	lress:		· · · · · · · · · · · · · · · · · · ·
	7104 Sw 127 CT UIL	,	2 2 /	83	
	NEW Registered Office Address:	m, FL	ارز	02	(4. C.)
	Miami ,FI	L_331	83		
the cha agent w was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members elected for organization or the operating agreement of the	of the regis iability co of the limi	tered of mpany, ited liab	fice and the it is hereb ility comp	ne business office of the registered by confirmed that the change(s) pany or as otherwise provided in
€					
Signal	of a member or authorized representative of a member		∠ rii	Printed	Yiwko I or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this phange.	ree to act e performa ed for in C hereby co	in this o ince of i hapter infirm ti	capacity, ny duties, 605, F.S. hat the lim	l further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been

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

INHS18 (2/14)

Signature of Reg