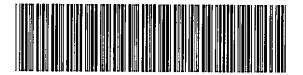
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(Requestor's Name)				
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Office Use Only



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## COVER LETTER

Division of Corporations				
SUBJECT: 813 Tet skis Name of Limited				
Name of Limited	Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Netsanet Abeba, Det Name of Person				
813 Jet skis Firm/Company				
20218 Indian Rosewood T	onve			
Tampa FL 33647 City/State and Zip Code				
Famaet 9192 concast. net E-mail address: (to be used for future annual report n	otification)			
For further information concerning this matter, please call:				
Netsanct Abebe, DPT at (850) Name of Person	2 ) 2(2-26ccc) 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 amount:				
□ \$25 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.

1. Na	me of the limited liability company: 813 Jet Ski	5	
2. (a)	and In Production		ed liability company:
	Tampa, FL 33647	Tampa, FL	33647
	9/17/18	L 180002204:	29
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida I	Dept. of State:	
	United States Corporation Agents Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	Inc.	
	13302 1.15.de a Oak (+ (A)		2019 C
	13302 Winding Onk Ct. (A)		9.
	Tampa, EL .FL 3361	2	! 
(b)	Netsanet Abehe DR		5
	Enter name of NEW Registered Agent and/or NEW Registered Office add	ress.	AH 12
			12
	NEW Registered Office Address:		
	20218 Indian Rosewad	Drive	
	Tanpa .FL 330	647	
the chagent was/w	imited liability company is not organized under the laws of the sange or changes are made, the Florida street address of the regist will be identical. Or, in the case of a Florida limited liability corere authorized by an affirmative vote of the members of the limiticles of organization or the operating agreement of the limited li	tered office and the business of mpany, it is hereby confirmed ted liability company or as ot	that the change(s)
	1711 X P2T	Vetsauet Mehe Printed or typed name	, Drt
		- •	-
I here	by accept the appointment as registered agent and agree to act	in this capacity. I further agr	ree to comply with the

I nereby accept the appointment as registered agent and agree to act in this capacity. I juriner agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified it with a of this change.

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