## L19000031147

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
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## COVER LETTER

TO:	Registration Section Division of Corporations	•
	·	N.
SUBJ		
	Name	of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this r	matter to the following:
Carla 7	Z. Bergenty	
	Name of Person	
Hanga	r One MArine LLC	
	Firm/Company	<del></del>
3 <b>777</b> N	NE 7th Drive	
	Address	
Boca I	Raton, FL 33431	
<del></del>	City/State and Zip Code	
cherge	nty@yahoo.com	
<u>_</u>	E-mail address: (to be used for future annua	al report notification)
For fu	rther information concerning this matter, pl	lease call:
Carla l	Bergenty	860 620-3303 at ( )
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following an	mount:
	□ \$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.

(b) 3777 NE 7th Drive Boca Raton, FL 33431  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  L190000031147  Document number  FSS)
(Note: MAY BE POST OFFICE BOX)  L190000031147  Document number  orida Dept. of State:
Document number  orida Dept. of State:  ESS)  2020  EC - 7
Document number  orida Dept. of State:  ESS)  2020  EC - 7
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2020 DEC -7
- Angri
\ <u></u> \
address:
77 1
,
<del></del>
I
the State of Florida, it is hereby confirmed that after tered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in the ded liability company.
Printed or typed name of signee
act in this capacity. I further agree to comply with rmance of my duties, and I am familiar with and act in Chapter 605, F.S. Or, if this document is being five confirm that the limited liability company has been
th te died

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

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.

Na	me of the limited liability company: Hangar One Mari	ine LLC	
(a)			777 NE 7th Drive Boca Raton, FL 33431
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/06/19	1.19	9000031147
	Date of filing/registration in Florida	4.	Document number
(a)	Corporate Creations Network Inc.		
(a)	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET 801 US Highway 1	ADDRESS)	207
	North Palm Beach	33408	2020 DEC
	, 11	. <u></u>	
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	55:
	Carla Z. Bergenty		
	NEW Registered Office Address:		
	3777 NE 7th Drive		<u></u>
	Boca Raton , FI	. 33431	
ange ent w s/we artic	mited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of ability compof the limited limited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.
lienat	ure of a member or authorized representative of a member	Caria Z	. Bergenty  Printed or typed name of signee
iereb ovisio obli mere	by accept the appointment us registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	ree to act in performanc d for in Chu hereby confi	this capacity. I further agree to comply with th

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