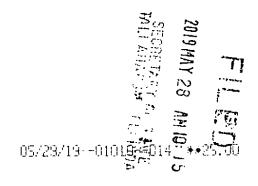
## L19000077892

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Considerations to Filian Officer		
Special Instructions to Filing Officer:		

Office Use Only



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RECEIVED MAY 28 2019

> Y SULKER JUN 12 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Marina 31 Name of Limit	ed 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:
Donald Meljac  Name of Person	
Name of Person	
Marina 31 Firm/Company	
Firm/Company	28
13231 Marquette Blod	SHAY 28 AM IO.
Address	On on
Tort Myers FL 33905  City/State and Zip Code	
City/State and Zip Code	
SWFLCLASSICS @ Gma'. E-mail address: (to be used for future annual report i	iotification)
For further information concerning this matter, please call	;
Donald MELTAC at (2)	<u> 39 ) 707 4983</u>
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\(\sigma_{-1}\)	1 \$55 Filing Fee & Certified Copy
NHS18 (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: Marina 31	
2 (0)	13231 Marquette Blvd (b)	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Donald MELJAC	
	13231 Marquette Blus	
	Fort Myers FC 33905	
2	Date of filing/registration in Florida 4.	Document number
3.		ı
5. <b>(a)</b>	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	P. Agents, INC
	13302 WINDING OTK CT. A.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Taga 16 336/2	
	, FL	201
		FIL 2019 HAY 28 SECRETARY ALCOHOLOGY
(b)	Donald MELJAC	7
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	28
		`
	13231 Marguette Blad	
	13231 Marquette Blad NEW Registered Office Address:	
		, Q
	to, + Myer, , FL 33905	
If the I	imited liability company is not organized under the laws of the State of Flo	wide it is hereby confirmed that offer
the cha	nge or changes are made, the Florida street address of the registered office	and the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited liability company, it is	s hereby confirmed that the change(s)
the arti	ere authorized by an affirmative vote of the members of the limited liability cless of organization or the operating agreement of the limited liability com	pany.
Signa	ure of a member or authorized representative of a member	Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my eigations of my position as registered agent as provided for in Chapter 605 ly reflect a change in the registered office address, I hereby confirm that it in writing of this change.	ocity. I further garee to comply with the
7	)	
Signatu	re of Registered Agent	

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