## 119000141169

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

Office Use Only



400338951824

01/15/20--01911--024 \*#25.03

2025 CT 15 PH 3:01

R. WHITE. FEB 11 2020

## **COVER LETTER**

	gistration Section ision of Corporations		
SUBJECT:	Maritime Velocity		
JOBULOT.		ne of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.
Please retur	n all correspondence concerning th	is matter to the	e following:
Tristan Rizz	zi		
	Name of Person		
Maritime Ve	elocity		
	Firm/Company		
124 Aranda	St NE		
	Address		<del></del>
Saint Peter	sburg FL, 33704		
	City/State and Zip Code		<del></del>
Tristan_rizz	ri@yahoo.com		
E-mai	l address: (to be used for future and	nual report not	fication)
For further	information concerning this matter	, please call;	
Tristan Rizz	zi	727 at (	543-1240
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following	g amount:	
24	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/1	4)		

## 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.

L Na	ame of the limited liability company:	cy .			
2. (a)				anda St NE	
_, (,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	-
	Saint Petersburg, FL 33704	_	Saint Pe	etersburg, FL 33704	
	28 May, 2019 (effective 27 May, 2019)		L1900014	41169	
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number	
5. (a)	James Lewis				
( <b>u</b> )	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of St	tate;	
	124 Aranda St NE				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	SS)	<del></del>	
	Saint Petersburg FI	33704		20 J	
				Z020 J.:? H	
(b)	Tristan Rizzi	· · · · · ·		<u></u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			P	
	124 Aranda St NE				. •
	NEW Registered Office Address:				
	Saint Petersburg . FL	33704			
				<del></del> _	
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of of the li	red office a company, it mited liabil l liability co	and the business office of the registers t is hereby confirmed that the change lity company or as otherwise provided ompany.	ed (s)
Signa	ture of a member of authorized representative of a member	_	<u> </u>	Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to a perfori d for in hereby	et in this ear	macity. I further goree to comply wit	h the accept filed ren

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