## 119000 214686

(Re	questor's Name)	
(Ad-	dress)	<u> </u>
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
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## **COVER LETTER**

INHS18 (2/14)

	Registration Section Division of Corporations		•
SUBJE		.61: '4.11	thill Comment
	ıN	ame of Limited L	паршту Сотрапу
Dear Sir	r or Madam:		
The enc	losed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	this matter to the	following:
Loren Po	orambo		
	Name of Person		<u> </u>
Cat 5 Ma	arine LLC		
	Firm/Company		_
4538 6ւհ	ı Ave N		
	Address		<del></del>
Saint Pe	tersburg, FL 33713		
	City/State and Zip Code		
porambo	o.loren@gmail.com		
E-	mail address: (to be used for future a	nnual report notif	ication)
For furt	her information concerning this matt	er, please call:	
Loren Po	orambo	352 at (	586 - 1973
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the followi	ng amount:	
	■ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy

## 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.

(a)	Loren Porambo (b)		Loren Pora	Loren Porambo		
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4538 6th Ave N		4538 6th A	Ave N		
	Saint Petersburg F1, 33713		Saint Peter	rsburg FL 33713		
	8/22/2019		L19000214 <i>6</i>	686		
	Date of filing/registration in Florida	4.		Document number		
(a)	UNITED STATES CORPORATION AGENTS, INC.					
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	 e:		
	UNITED STATES CORPORATION AGENTS, INC.					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
	5575 S. SEMORAN BLVD. SUITE 36			2020		
	ORLANDO , FI	32822		2020 SEP		
(b)	Loren Porambo			HASSE		
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			AM 10: 42 OF STATE SEE, FL		
	Loren Porambo					
	NEW Registered Office Address:		<del></del>	_		
	4538 6th Ave N			_		
	Saint Petersburg . FI	_33713				
ange ent w	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members	registere ability co	d office and mpany, it is	d the business office of the registered shereby confirmed that the change(s)		
arti	cles of organization or the operating agreement of the	limited li	iability con n Porambo	npany.		
ignat	rure of a member or authorized representative of a member		<del></del>	Printed or typed name of signee		
ierel ovisi obli	by accept the appointment as registered agent and agons 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	ree to act performa d for in C hereby co	in this cape ince of my o hapter 605 infirm that	acity. I further agree to comply with th duties, and I am familiar with and acce 5, F.S. Or, if this document is being file the limited liability company has been		