119000 218759

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
Certified Outboards LLC SUBJECT:	Certified Outboards LLC Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
Zachary Lawrence					
Name of Person					
Certified Outboards LLC					
Firm/Company					
3100 S Dixie Hwy, Suite C38					
Address					
Boca Raton, FL 33432					
City/State and Zip Code					
zlawrence@certifiedoutboards.com					
E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	call:				
Zachary Lawrence at (954 899-9507				
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 following amount	nt:				
■ \$25 Filing Fee	□ \$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.

2. (a)	3100 S Dixie Hwy		(b)	3100 S Dixie Hwy	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)	Mailing address	of limited liability company: BE POST OFFICE BOX)
	Suite C38			Suite C38	
	Boca Raton, FL 33432			Boca Raton, FL 33432	
	08/27/2019		L	.19000218759	
3.	Date of filing/registration in Florida	4.	_	Document nu	mber
5. (a)	Zachary A Lawrence				
). (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da I	Dept. of State:	
	4611 N Federal Hwy				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	5.5)		~2
	132				020
(1-)	Pompano Beach	. 33064			2020 11 77 - 7
	, F	L			1
	Zachary A Lawrence				PH :
(0)	(b) Enter name of NEW Registered Agent and/or NEW Registered			ress:	<u>.</u>
					28
	3100 S Dixie Hwy				
	NEW Registered Office Address:			· 	
	Suite C38				
	Boca Raton, F	L		·	
change agent was/we the arti Signal	imited liability company is not organized under the later changes are made, the Florida street address of the or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the but the proper authorized representative of a member by accept the appointment as registered agent and age ons 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.	e registe ability of the lite limited	red on mit lia cha	d office and the business in pany, it is hereby confited liability company or ability company. The printed of types in this capacity. I furthe	office of the registered rmed that the change(s) as otherwise provided in diameter of signee ar agree to comply with the

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

Signardre of Registered Agent