L19000229674

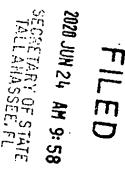
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sacrifices Entity (tallie)				
(Document Number)				
(Excument Number)				
Cadification of Chabus				
Certified Copies Certificates of Status				
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COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	ML CHARTERS LLC		
SUBJECT.	Name o	f Limited L	ability Company
Dear Sir or N	Madam:		
The enclosed	d Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.
Please return	all correspondence concerning this m	natter to the	following:
Michael	Lambka		
	Name of Person		
	!		
<u></u>	Firm/Company		_
631 Sou	uthwestern Blvd Suite 140		
	Address		
Coppel	l Texas 75019		
	City/State and Zip Code		
	l@gunmagwarehouse.com		
E-mail	address; (to be used for future annual	report notifi	cation)
For further in	nformation concerning this matter, ple	ase call:	
Michael	Lambka	305	901-2221
	Name of Person		Area Code & Daytime Telephone Number
Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303
Encl	losed is a check for the following am	ount:	
	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS1842/14)		RECEN'S
			JUN 2 2 2020

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. N	ame of the limited liability company: ML Charte	ers LLC			
2. (a)	Kenner & Imparato PLLC	(b) Michael Lamb	(h) Michael Lambka		
3 , (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing add	dress of limited liability company: IAY BE POST OFFICE BOX		
	4665 N Federal Highway	631 Southwes	stern Blvd Suite 140		
	Boca Raton, Florida 33431	Coppell Texas	3 75019		
	May 5, 2020	L1900029674			
3.	Date of filing/registration in Florida	4. Documer	nt number		
5. (a	Spiegel and Utera PA				
	Registered Agent and Registered Office shown on the records of 1840 SW 22nd St 4th FL Registered Office Address (MUST BE FLORIDA STREET)				
			20 J		
	Miami, FI	ı. <u>33145</u>	PILE 2020 JUN 24 AV SECRETARY OF TALLAHASSE		
(b)	Kenner → Imparato PLLC		Y OF		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:			
	4651 N Federal Highway		9: 58 STATE E. F.L		
	NEW Registered Office Address:				
	Boca Raton FI.	_{L_} 33431			
change agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liarer authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	e registered office and the busic iability company, it is hereby c of the limited liability compan	ness office of the registered confirmed that the change(s)		
		Michael Lambka			
-	iture of a member or authorized representative of a member		typed name of signee		
provis the ob- to mer notifie	by accept the appointment as registered agent and agricus of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. If d in writing of this change in the registered office address at the provided in the registered of the change in the registered of the registered o	ree to act in this capacity. I ful- performance of my duties, and alfor in Chapter 605, F.S. Or, hereby confirm that the limited	rther agree to comply with the 4 Lam familiar with and accept , if this document is being filed I liability company has been		
	C. H. Taraba				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00