3/14/23, 7.04 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000098125 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:



LLC REGISTERED AGENT CHANGE RESOLVE MARITIME ACADEMY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

Τo.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

12122023573

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) <u>-</u>	Principal office address of limited liability company:	(0) -					
	(Note: MUST BE STREET ADDRESS)		(b) 3301 SE 14th Avenue Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	FORT LAUDERDALE, FL 33316		FORT LAUDERDALE, FL 33316				
	12/30/2019	Lâ	200000000064				
(a)	Date of filing/registration in Florida ANDREA JANSZ		Document numb	per			
	Registered Agent and Registered Office shown on the records of 1510 SE 17 STREET	f the Florida D	ept. of State:				
	Registered Office Address	ADDRESS)					
	FORT LAUDERDALE	33316	ـــــــــــــــــــــــــــــــــــــ	i.	2023 1127		
•	inter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	i Omegaqare	<u>w</u> :		15 PM	ָרָ בַּי	
	NEW Registered Office Address:			, ,	بب		
	1200 South Pine Island Road				: L &		
	Plantation FL	33324					
ent wi ent wi is/wer	nited liability company is not organized under the large or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members of es of organization or the operating agreement of the	the register ability comp of the limite limited liab	ed office and the business any, it is hereby confirmed d liability company or as o	office of	the reg	istere (s)	
Signatu	re of a member or authorized representative of a member		Printed or typed nar	ne of sienee			
ierchy ovisió: oblig	caccept the appointment as registered agent and agings of all stanites relative to the proper and complete that one provides the proper and complete that one provides the proper a change in the registered office address. It is writing of this change.	rve to act in performanced för in Cha loralwerant	this capacity. I further as se of my duties, and I am fo piter 603. F.S. Or, if this o rm that the limited liabili	gree to co amiliar w locument	niply wi ith and its heing	ith the accep g filea ocen	

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