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04/28/24--01019--013 **35.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:Dominion Marine Services LLC		
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	l Office Change as	nd fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to th	ne following:
Charles Ruble		
Name of Person		
Dominion Marine Services		
Firm/Company		
7555 SE Fiddlewood Ln		
Address	-	
Hobe Sound, FL 33455		
City/State and Zip Co	de	_
chuck.ruble@gmail.com		
E-mail address: (to be used for future	annual report not	ification)
For further information concerning this ma	itter, please call:	
Charles Ruble	772 at (284.3516
Name of Person	at (Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ving amount:	
□ \$25 Filing Fee	_	\$55 Filing Fee & Certified Copy
INHS18 (2/14)		•

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: Dominion Marine	Services	LLC		
2. (a)	2555 SE Fiddlewood La Habe Sound, EL 33455		7555 SE F	Fiddlewood Ln Hobe Sound FL 33455	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			viailing address of limited lia (<u>Note: MAY BE POST O</u>	bility company:
	1/8/2020		L200000150		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.			-	•
	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202	the Florid	a Dept, of State	¢:	* 3
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u> </u>	_	• •
	Registered Office Address prost BE PLURIDA STREET	31/4/01/20	π		:
				-	 .
	, FL			-	w. *
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	-	
	and of the state o				
	Joshua Ferraro C/O Lesser, Lesser, Lundy and Smith			_	
	NEW Registered Office Address:				
	27 SE Ocean Blvd	· · · · · · · · · · · · · · · · · · ·		-	
	Stuart, FI	34994	<u></u>	_	
change agent was/w the ary Signs I here provis the ob- to mer notifie	timited 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 like the partial by an affirmative vote of the members of its of organization or the operative hyperement of the limited of a member or authorized representative of a member oby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is a supplied of this change.	register ability co of the lin limited	ed office and ompany, it is nited liability com	d the business office of the hereby confirmed that by company or as otherwipany. Printed or typed game of significative. I further garee to	the registered the change(s) ise provided in gnee

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