## 1200000045854

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SEP 1 7 2020 S. YOUNG

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	Titan Marine Distribution LLC		
		ame of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
Matthe	w Shiebler, CPA		
	Name of Person		
Interac	tive Accountants, LLC		
	Firm/Company		- <b></b>
8180 N	W 36th St. Suite 301		
	Address		_
Doral,	FL 33166		
	City/State and Zip Code		
matt@i	a.tax		
E	-mail address: (to be used for future a	nnual report notifi	ication)
For fur	ther information concerning this matte	er, please call:	
Matthe	w Shiebler	305	517-3977
	Name of Person	(	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 following	ng amount:	
	■ \$25 Filing Fee	<b>□</b> \$5	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.	Na	ame of the limited liability company: Titan Marine Distri	bution	LI.C				
2.	(a)	4100 N 29th Ave	(b) 4100 N 29th Ave					
	· · · /	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	~, <u> </u>	•		d liability company; TOFFICE BOX)	
		Hollywood, FL 33020		Hollywo	ood, FL 33020			_
		02/11/2020	_	L2000004	¥5854			_
3.		Date of filing/registration in Florida	4.		Document	number		
5	(a)	Anthony C. Holloway						
٥.	(4)	Registered Agent and Registered Office shown on the records of the	ie Florid	a Dept. of S	tate:			
					<del></del>		Z	
		Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRES.</u>	<u>S)</u>		Ē.	23	į
		4100 N 29th Ave				78		<b></b> 555
		Hollywood , FL	3020	<del></del>	<del></del>	,		F
(b)	(b)	Francisco Figueras				,	TOTAL DIL 27 PH 6: 3	Ĵ
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ac	<u>ddress</u> :			3 · ·	
		NEW Registered Office Address:						
		4100 N 29th Ave	<u> </u>					
		Hollywood FL <sup>3</sup>	33020		_			
eha age wa the	inge ent v s/we arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabilities of a member or authorized representative of a member	egister oility co the lin mited	ed office a ompany, it nited liabi liability co	and the busine t is hereby con lity company ompany. Frowella Printed or ty	ess office of the or as other of the or as other of the o	of the registered hat the change(s) erwise provided in Swawe poe of signee	_
pro the to i	visi obl ner if <b>je</b> j	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I he in writing of this change.	e to act erform for in ( ereby c	t in this ca ance of m Chapter 6 onfirm tha	ipacity. I furt y duties, and i 05, F.S. Or. i it the limited l	her agree Lam Jami f this doc iability c	to comply with th liar with and acce, ument is being file ompany has been	e pt d

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