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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)	_			
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(Document Number)	_			
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JQ 04/24/20

COVER LETTER

TO: Registration Section Division of Corporations	·
Florida Marine Sales Limeted Liability Company SUBJECT:	
	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
Phillip Rothrock	
Name of Person	<u> </u>
Rothrock Motorsports	
Firm/Company	-
2790 Bit N Bridal Place	
Address	
Sanford Florida 32771	
City/State and Zip Code	
philliprothrock9@gmail.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
Phillip Rothrock 407	428-7277
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 amount:	
¬ •••	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.

1. N	ame of the limited liability company: Florida Marine S	Sales, LLC	
2. (a)	1256 Upsala Road Sanford Florida 32771	(b	PO Box 471486 Lake Monroe Florida 32747-1486
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7	February 18.2020	-	L20000054850
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of Phillip Rothrock Registered Office Address (MUST BE FLORIDA STREET) 2790 Bit N bridal Place		
	Sanford , FI	32771	TALE REPORT
(b)	Deborah Ann Rothrock Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Deborah Ann Rothrock	d Office add	E LED 2020 AUG -5 PH 4: 5 SECRETARY OF STAT TALLAHASSEE, FL
	NEW Registered Office Address:	<u> </u>	6
	1256 Upsala Road		
	Sanford FI	L_32771	
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registered ability con of the limit	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Siona	ture of a member or approrized representative of a member	Philli ———	p Guy Rothrock
I here provisi the obli to mer notified	hy accept the appointment as registered agent and agricons 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, I is a change of this change.	ree to act i performa d for in Cl hereby cor	Printed or typed name of signee in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been

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