## L20000248992 Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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.

(((H210003079393)))



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 : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

Address:	

## LLC REGISTERED AGENT CHANGE POSEIDON UNLIMITED BOAT WORK LIMITED LIABILITY **COMPA**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

AUG 1 7 2021

A. LUNT

## 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: Poseidon U	Jnlimited	Boat work	Limited Liability Company	
2. (a)	. ,	(1	o)		
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  7901 4th St N STE 300		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  10242 nw 5th ter  miami Florida 33172		
	St. Petersburg FL				
	08/14/20		L20000	248992	
3.	Date of filing/registration in Florida	 4.		Document number	
	LINITED CTATES CORDODATION ACEN			Decument number	
5. (a)	UNITED STATES CORPORATION AGEN  Registered Agent and Registered Office shown on the records			<del>.</del>	
	5575 S. SEMORAN BLVD.	s of the riotiu	a Dept. or Stat	ε.	
	Registered Office Address (MUST BE FLORIDA STRE.				
		ET ADDRES.	<del>21</del>	<b>&gt;</b> =	
	36			1715 1715 1821	
	Orlando	<sub>FL</sub> 32823	2	AUG	
(b)	Registered Agents Inc.			DIVISION DE COR	
	Enter name of NEW Registered Agent and/or NEW Register	ered Office ad	<u>ldress</u> :	EC OF STATI REPORATION 1	
	7901 4th St N			ERY OF STATE CORPORATION	
	NEW Registered Office Address:				
	STE 300			-	
	St. Petersburg	FL_33702	2	_	
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitedere authorized by an affirmative vote of the member ticles of organization or the operating agreement of	s of the regi d liability cors ers of the lin the limited	stered office ompany, it i nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
Signa	ature of a member or authorized representative of a member		,	Printed or typed name of signee	
provis the ob to mer notifie	the appointment as registered agent and cions of all statutes relative to the proper and completions of my position as registered agent as proved reflect a change in the registered office address of this change.  Bill Havre - Assistance of Registered Agent	agree to ac lete perform ided for in s, I hereby c tant Secre	iance of my Chapter 602 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	