## LZO 000299089

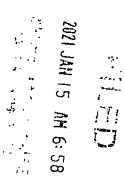
| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

Office Use Only



700356473317

01/15/21--01020--004 \*\*25.00



O SIMMONS FEB 23 2021

## COVER LETTER

TO: Registration Section

| Division of Corporations                                   |   |  |  |  |  |
|--|---|--|--|--|--|
| SUBJECT: BOATMOBILE, LLC                                   |   |  |  |  |  |
| Name of Limited Liability Company                          |   |  |  |  |  |
| Dear Sir or Madam:   |   |  |  |  |  |
| The enclosed Registered Agent/Registered Office            | Change and fee(s) are submitted for filing. |  |  |  |  |
| Please return all correspondence concerning this n         | natter to the following:                    |  |  |  |  |
| James Connolly   |   |  |  |  |  |
| Name of Person   | <del></del>                                 |  |  |  |  |
| Harbor Compliance  |   |  |  |  |  |
| Firm/Company   | <del></del>                                 |  |  |  |  |
| 1830 Colonial Village Ln                                   |   |  |  |  |  |
| Address  | <del></del>                                 |  |  |  |  |
| Lancaster, PA, 17601                                       |   |  |  |  |  |
| City/State and Zip Code                                    | <del></del>                                 |  |  |  |  |
| corporate@harborcompliance.com                             |   |  |  |  |  |
| E-mail address: (to be used for future annual              | report notification)                        |  |  |  |  |
| For further information concerning this matter, ple        | ase call:                                   |  |  |  |  |
| James Connolly   | 431-9130                                    |  |  |  |  |
| Name of Person   | Area Code & Daytime Telephone Number        |  |  |  |  |
| STREET/COURIER ADDRESS:                                    | MAILING ADDRESS:                            |  |  |  |  |
| Registration Section                                       | Registration Section                        |  |  |  |  |
| Division of Corporations                                   | Division of Corporations                    |  |  |  |  |
| Clifton Building   | P.O. Box 6327                               |  |  |  |  |
| 2661 Executive Center Circle<br>Tallahassee, Florida 32301 | Tallahassee, Florida 32314                  |  |  |  |  |
| Enclosed is a check for the following am                   | ount:                                       |  |  |  |  |
| 2 \$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

| . (a)                      | 35 CENTER STREET, #961   | (b) 35  | 5 CENTER STREET, #961  |
|----------------------------|--|---|--|
| ,                          | Principal office address of finited hability company: (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)  |
|                            | WOLFEBORO FALLS, NH 03896  | <u>w</u>  | OLFEBORO FALLS, NH 03896   |
|                            | 10/01/2020   | L2  | 0000299089   |
| •                          | Date of filing registration in Florida   | 4.  | Document number  |
| . (a)                      | CORPORATION SERVICE COMPANY  |   |  |
|                            | Registered Agent and Registered Office shown on the records of 1201 HAYS STREET  | of the Florida Dep                                      |  |
|                            | Registered Office Address (MUST BE FLORIDA STREET)   | <u>TADDRESS)</u>  | 2021 JAN 15  |
|                            | TALLAHASSEE  | : <sub>L</sub> 32301-25                                 | 25   |
| (b)                        | Registered Agents Inc.   |   | AH 6: 58   |
|                            | Enter name of NEW Registered Agent and/or NEW Register   | ed Office address                                       |  |
|                            | 7901 4th St N  |   | 1 1% <b>60</b>   |
|                            | NEW Registered Office Address:   | · <u>-</u>  |  |
|                            | STE 300  |   |  |
|                            | St. Petersburg   | <sub>L</sub> 33702                                      |  |
| ie cha<br>gent v<br>ras we | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the registere<br>liability compa<br>s of the limited | ed office and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in |
|                            |  | Hari Ra   | vichandran   |
| //                         | ture of a member or authorized representative of a member  |   | Printed or typed name of signee  |
| -                          | by accept the appointment as registered agent and a  |   |  |

Signature of Registered Agent