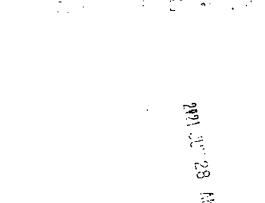
## L20 000 358017

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(Address)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Open Sou Fishing On Name of Limited L	ne			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Jean Claude HORRA Name of Person	<del></del>			
Open Sea Fishing One Firm/Company	LLC			
1,898 NW 16th AV Address	_			
Boca Ration FL 33431 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Catherine HOBRA at (561) Name of Person	) 3010843 Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

☐ \$55 Filing Fce & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO: LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	o mojono magamarana a a a a a a a a a a a a a a a a a	·	
1. Na	ame of the limited liability company: Open Soa Fish in	a One ILC	
		8 Nw 16th Avenue	
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	0 1	a Raton Fl 33431	
	Bora Raton Fl 33431 Bor	a hardh it sayar	
	11/12/2020	20000359017	
3.	Date of filing/registration in Florida 4.	Document number	
5 (a)	Jean Clarde MORRA		
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	te:	
	103 via Poinciana Street	_	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Bora Raton FL 33487	2521	
	, FL	•	
		တ Lo	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
		<del></del>	
	Jean Claude HORRA	53 -	
	NEW Registered Office Address:		
	4898 NW 16th Avenue	_	
	Boca Ration, FL 33431		
	Doca Katon, FL 33431	-	
If the li	imited liability company is not organized under the laws of the State of Flor changes are made, the Florida street address of the registered office an	orida, it is hereby confirmed that after the d the business office of the registered	
agent v	vill be identical. Or, in the case of a Florida limited liability company, it is are authorized by an affirmative vote of the members of the limited liability	s hereby confirmed that the change(s)	
the arti	cles of organization or the operating agreement of the limited liability con	npany.	
G!	ture of a member or authorized representative of a member	Printed or typed name of signee	
_			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.			
o mere	ely reflect a change in the registered office address, I hereby confirm that it is writing of this change.	ine umitea нарину company nas been	

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

Signature of Registered Agent