

621000441750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

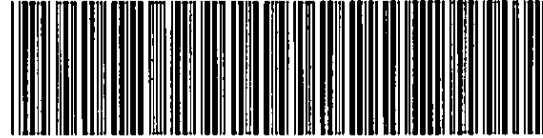
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 15 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

Liberty Marine LLC

SUBJECT: _____
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 matter to the following:

Charles F. Mathias

Name of Person

Pacific Registered Agents, Inc.

Firm/Company

P.O. Box 5040

Address

Salem, OR, 97304-0040

City/State and Zip Code

mproject114@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles F. Mathias

503

375-9876

at (_____) _____

Name of Person

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$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. Name of the limited liability company: Liberty Marine LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1666 JF Kennedy Causeway, Suite 412

North Bay Village, FL 33141

10/08/2021

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 5040

Salem, OR 97304-0040

L2100041750

3. Date of filing/registration in Florida 4. Document number

Corporate Creations Network, Inc.

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

801 US Highway 1

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

North Palm Beach

33408

FL

Pacific Registered Agents, Inc.

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1666 JF Kennedy Causeway, Suite 412

NEW Registered Office Address:

North Bay Village

33141

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Charles F. Mathias, Authorized Representative of Member

Signature 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.

Signature of Registered Agent

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