| (Red                                    | questor's Name)   |             |  |  |  |
|---|-------------------|-------------|--|--|--|
| (Add                                    | dress)            | <del></del> |  |  |  |
| (Address)                               |                   |             |  |  |  |
| (City                                   | //State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | WAIT              | MAIL        |  |  |  |
| (Bus                                    | siness Entity Nar | ne)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | Certificates      | s of Status |  |  |  |
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Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

| Date:                    | 08/20/2024                     | (850) 202-1882 |  |  |  |
|--------------------------|--------------------------------|----------------|--|--|--|
| Name:                    | Cheyanne Davis                 |                |  |  |  |
|                          | #:2464103                      |                |  |  |  |
|                          | e: <b>LN</b>                   | MARINE, LLC    |  |  |  |
| ☐ Artic                  | cles of Incorporation/Authoriz |                |  |  |  |
|                          |                                |                |  |  |  |
| Reinstatement            |                                |                |  |  |  |
| Conversion               |                                |                |  |  |  |
|                          |                                |                |  |  |  |
| ☐ Dissolution/Withdrawal |                                |                |  |  |  |
| ☐ Fictitious Name        |                                |                |  |  |  |
| Other                    |                                |                |  |  |  |
|                          |                                |                |  |  |  |
| Authorized               | Amount: \$25.00                |                |  |  |  |
| Signature:               | August Ros.                    | <del></del>    |  |  |  |

F: 800.944.6607



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Account#: I20000000088

For any issues please contact Cheyanne Davis 08/20/2024 Date: (850) 202-1882 Name: Cheyanne Davis 2464103 Reference #:\_\_\_\_\_ LMA MARINE, LLC Entity Name: \_\_\_\_\_ Articles of Incorporation/Authorization to Transact Business ☐ Amendment ∇ Change of Agent Reinstatement ☐ Conversion ] Merger ☐ Dissolution/Withdrawal ☐ Fictitious Name Other\_\_\_\_ Authorized Amount: \_ Signature:

## 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.

| Name of the limited liability company: |  | LMA MARINE, LLC   |   |  |
|--|--|---|---|--|
| 2.                                     | (a)                                      | no change  Principal office address of limited liability company:   | (b)   | no change  Mailing address of limited liability company:   |
|  |  | (Note: MUST BE STREET ADDRESS)  | _   | (Note: MAY BE POST OFFICE BOX)   |
|  |  | 1/10/2022   |   | L22000010527   |
| 3.                                     |  | Date of filing/registration in Florida  | 4.  | Document number  |
| 5.                                     | (a)                                      | REDDEN, DAVID H   |   |  |
|  |  | Registered Agent and Registered Office shown on the records of t  | f State:  |  |
|  |  | Registered Office Address (MUST BE FLORIDA STREET A   | (DDRESS)  |  |
|  |  | 11600 NINTH ST N  |   | 2024   |
|  |  | ST. PETERSBURG  | 33716   | AUG T  |
| (                                      | (b)                                      |   |   | FILED 2024 AUG 20 AM II: 41  |
| Enter name of NE                       |  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | egistered Agent and/or NEW Registered Office address:                     |  |
|  | 115 North Calhoun Street, Suite 4        |   |   |  |
|  |  | NEW Registered Office Address:  |   |  |
|  |  |   | 32301   |  |
| the<br>ag<br>wa                        | cha<br>ent v<br>s/we                     | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited lia-<br>ere authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the | the registered oblility company f the limited lia                         | office and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in  |
|  |  | /s/ David Redden  |   | David Redden   |
|  | -  | ture of a member or authorized representative of a member   |   | Printed or typed name of signee  |
| I i<br>pro<br>the<br>to<br>no          | herel<br>ovisi<br>obli<br>mere<br>tifiec | by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the provided of this change.  | ee to act in this<br>performance of<br>I for in Chapter<br>tereby confirm | capacity. I further agree to comply with the<br>my duties, and I am familiar with and accept<br>r 605, F.S. Or, if this document is being filed<br>that the limited liability company has been |
|  |  | /s/ Michael Carlisle  |   |  |
| Si                                     | gnatu                                    | re of Registered Agent Michael Carlisle, Assistant Sec  | retary  |  |

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