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(Re	questor's Name)	<u></u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations	
Marine Electrical Solutions, LLC SUBJECT:	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
LaToya Hartsfield	
Name of Person	
Marine Electrical Solutions, LLC	
Firm/Company	
13475 Atlantic Blvd Unit 8 Ste M522	
Address	
Jacksonville, FL 32225	
City/State and Zip Code	
info@marineelectricalsolutionslle.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
LaToya Hartsfield at	904 654-4087
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee
1 diminusee, 1 E 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	int:
\$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 Florida.

(a)	Marine Electrical Solutions, LLC		(b) N	Marine Electrical Sol	lutions, LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) antic Blvd Unit 8 Ste M522	
	13475 Atlantic Blvd Unit 8 Ste M522		1.			
	Jacksonville, FL 32225		Jacksonville, FL 32225			
	02/28/2022		L23	2000104887		
	Date of filing/registration in Florida	_{4.}		Documen	t number	
(a)	Johnson, Eddie					
(-)	Registered Agent and Registered Office shown on the records	of the Flo	rida De _l	pt. of State:		
	1403 Dunn Ave		•	•		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDR.	ESS)			
	Ste 2-287					
(b) _	Jacksonville	FL ³²²¹⁸	 .		FIL 2023 NOV 27 TALLAHASS	
	Johnson, Eddie				IOV 27	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	addres:	<u>s</u> :		
	13475 Atlantic Blvd				PM 1: 18 EE. FLORIDA	
	NEW Registered Office Address:				18 8	
	Unit 8 Ste M522				<i>></i>	
	Jacksonville, l	FL32225				
ne lin	nited liability company is not organized under the l	01110 of 1	. Ctt		1 7	
	mited liability company is not organized under the lor changes are made, the Florida street address of the					
/wer	e authorized by an affirmative vote of the members	Hability of the li	compa mited	ny, it is hereby con	ا خام مسمو کا است المام مسمو کا است	
artic	les of organization or the operating agreement of the	e limited	l liabil	ity company.	or as otherwise provided in	
) <u>)((</u>	Una Hartskuld	La	Toya F	Hartsfield		
	re of a nember or authorized representative of a member	_			ped name of signee	
oblig veret	r accept the appointment as registered agent and ag ns of all statutes relative to the proper and complet ations of my position as registered agent as provid y reflect a change in the registered office address, i in writing of this change.	gree to a e perfori ed for in hereby	ct in th nance Chapi confire	ns capacity. I furt. of my duties, and i ter 605, F.S. Or, i n that the limited I	her agree to comply with th I am familiar with and acce I this document is being file iability company has been	
10	Mildomoon					