, To: . . .

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	Division of Corporations	20
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	Account Name : ALLSTATE CORPORATE SERVICES CORP	
	Account Number : I20040000031	30
	Phone : (800)906-9220	
8 % A X S	Fax Number : (800)906-9880	2
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·· 지문중		
= 53 Enter	the email address for this business entity to be used for future	=
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## ANGLE OF ATTACK MARINE, LLC

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M. SOLOMON

OCT - 1 2024

√To:

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## 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 affice or registered agent, or both, in the State of Florida.

Na	ame of the limited liability company: ANGL	E OF ATTA	CK MARI	NE, LLC				
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)				
	04/29/2022		_	L2200017				
	Date of filing/registration in Florida CHRIS RICHARDS	3	4.	Γ	Jocument ni			
	Registered Agent and Registered Office shown on the 2894 REMINGTON GREEN LANE SUFTE A Registered Office Address <u>MUST BE FLORIDA</u>							
	TALLAHASSEE	, FL	2308			SEC. 35	2024 9	
(h)	Registered Agent Solutions, Inc.		ing is a graph of district frame (in				2024 SEP 30	=====
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered ()	ffice addre	<u>v</u> :		ASSI	0 PM	m
	2894 Remington Green Ln. Ste. A						ယ္	Ö
	NEW Registered Office Address:					FI.	<u>ca</u>	
	Tallahassee	, FL	2308					
inge ent w s/we artic	mited liability company is not organized und or changes are made, the Florida street addressed by the identical. Or, in the case of a Florida large nuthorized by an affirmative vote of the months organization of the experising agreement.	ess of the re limited liabi nembers of t ant of the lir	gistered o lity comp the limited nited liabi	ffice and t any, it is l' Hiability ( lity comp	the business nereby confi company or	office of t rmed that t as otherwi	he regi he cha se prov	stered nge(s)
eret visie obli nere ifica	me of a member or authorized representative of a mem by accept the appointment as registered agen bons of all statutes relative to the proper and c gations of my position as registered agent as By reflect a change in the registered affice of I'm writing of this change.  Tim Poanlatoim							with the ad accepting file is been

Signature of Registered Agent