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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

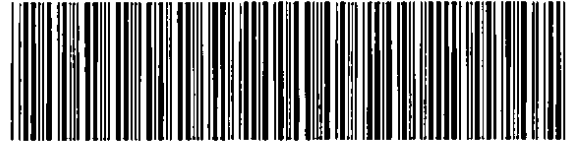
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAY -1 PM 1:16
SECRETARY'S OFFICE
FILING

**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: JMVessels LLC

2. (a) Joseph Cleary (b) Joseph Cleary

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

2945 Woodpine Circle

2945 Woodpine Circle

Sarasota, FL 34231

Sarasota, FL 34231

5/17/2022

L22000229912

3. Date of filing/registration in Florida

4. Document number

5. (a) Zenbusiness Inc.

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

336 E. College Ave.

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

336 E. College Ave. Suite 301

Tallahassee, FL 32301

(b) Joseph Cleary

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

Joseph Cleary

NEW Registered Office Address:

2945 Woodpine Circle

Sarasota, FL 34231

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.

Joseph Cleary
Signature of a member or authorized representative of a member

Joseph Cleary

Printed or typed name of signer

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.

Joseph Cleary
Signature of Registered Agent

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMVessels LLC

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:

Joseph Cleary

Name of Person

Firm/Company

2945 Woodpine Circle

Address

Sarasota, FL 34231

City/State and Zip Code

joe@theclearygroup.com

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

For further information concerning this matter, please call:

Joe Cleary

at (941)

650-8485

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