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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC REGISTERED AGENT CHANGE BILLFISH MARINA ONE, LLC

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K. SALY MAY 3 0 2024

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. Na	me of the limited liability company: BILLFISH MAI	RINA ONE, LI	rc	
2. (a)	2965 W STATE ROAD 84	(b) 3051 W STATE ROAD 84		
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	FORT LAUDERDALE, FL 33312 FORT L.		ORT LAUDERDALE, FL 33312	
	1/18/2023		3000092305	
3. 5. (a)	Date of filing/registration in Florida HAMBY, LOUIS L, III	4.	Document number	
- (m)	Registered Agent and Registered Office shown on the records of 340 ROYAL POINCIANA WAY	of the Florida De	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET STE. 321	<u>"ADDRESS)</u>	2024 TAT	
	PALM BEACH , F	L_33480		
(b)	C T Corporation System		AN 30 PH	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	FILE PH 1: 52 2024 MAY 30 PH 1: 52 TALLANIASSEE FLORIDA	
	NEW Registered Office Address;	=!==		
	1200 South Pine Island Road			
	Plantation, F	L33324		
he cha igent w was/we he arti	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cless of organization or the operating agreement of the floridal.	of the register iability comp of the limited ie limited liab	ed office and the business office of the registered only, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
	ure of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obli to mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and completing the proper and completing the proper and completing the status of my position as registered agent as providing reflect a change in the registered office address, if it writing of this change. C. T. Corporation System Plata Picture, are of Registered Agent. Natalie Pickens, Assistant Secretary	e performand led for in Cho I hereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been	