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SECRETARY OF STATE
TALLAHASSEE, FL

...... :a()....

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cortes Marine Services LLC	;	
	ne of Limited	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to t	the following:
Christopher Cortes		
Name of Person		
Cortes Marine Services		
Firm/Company	-	SE
1382 Ne 28th St		CRETALL
Address		2023 HAR 28 AH 9: 59 SECRETARY OF STATE SECRETARY OF STATE TALLAFIASSEE, FL
Pompano Beach , FL 33064		SSEE S
City/State and Zip Code		THE SE
chriscortes1@icloud.com		• • • • • • • • • • • • • • • • • • • •
E-mail address: (to be used for future ann	ual report n	otification)
For further information concerning this matter,	please call:	
Christoper Cortes	at (954	, 695-8007
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:	
□ \$25 Filing Fee	凶	\$55 Filing Fee & Certified Copy

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.

Florida.	
1. Name of the limited liability company: Cortes Warine Services CLC	
2. (a) 1382 NE 28th St Pompano beach (b) 1382 NE 28th St Pompano	Beach FL
Principal office address of limited liability company: 1=C Mailing address of limited liability (Note: MUST BE STREET ADDRESS) 37064 (Note: MAY BE POST OFFI	ity company:
3-13-2023 L2300130 Ha	<u> </u>
3. Date of filing/registration in Florida 4. Document number	
5. (a) Whited State Corporation Agents Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
474 Biverside Ave	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
S	2023 HAR 28
Jacksonville FL 32202	HAR
	28
(b) Wendy 5. Cabral	M 9: 59
Enter name of NEW Registered Agent and/or NEW Registered Office address:	45 G
Tack Son ville FL 32202 (b) Wendy 5. Cabral Enter name of **EW Registered Agent and/or NEW Registered Office address: 701 NE 1th Ave Unit 1	59
NEW Registered Office Address:	
Delvay Beach FL 32483	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company.	f the registered e change(s) e provided in
Signature of a member or authorized representative of a member Chris hopkier Cortes Printed or typed name of signe	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered office address, I hereby confirm that the limited liability companying of this change.	omply with the vith and accept t is being filed iny has been
Signature of Registered Agent	
Signature of Registered Agent	

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

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

Florida		•
	nme of the limited liability company: <u>Cortes</u> War	
2 (a)	1382 NE 28th St Pompano beach (b)	1382 NE 28 that Pompano Beach FL
2. (4.)	Principal office address of limited liability company: 1=C (Note: MUST BE STREET ADDRESS) 37069	Mailing address of limited liability company: 33.06. (Note: MAY BE POST OFFICE BOX)
	:7 /7 20.22	41.241.201
2	$\frac{3 - 13 - 20 \cdot 3}{\text{Date of filing/registration in Florida}} = 4.$	76244201 Document number
3.		
5. (a)	United State Corporation +	tgusts.
	Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:
	474 Biverside Ave	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
-	Jacksinville FL 322	V.3
	Jack Sin Ville .FL 200	
(b)	Wendy 5. Cabral	2023 HAR 28 SECRETARY TALLAHA
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office add	ress:
	. 47	DOSHAR 28 AM 9: 59 ECRETARY OF STATE TALLAHASSEE, FL
	701 NE 1th Ave Unit 1	ASSESSED TO
	NEW Registered Office Address:	SEG E C
		9: 5
		L'E 9
	Delvay Brach FL 324	8.7
the cha	imited liability company is not organized under the laws of the inge or changes are made, the Florida street address of the regis	tered office and the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited liability corer authorized by an affirmative vote of the members of the limit	mpany, it is hereby confirmed that the change(s)
the arti	cles of organization or the operating agreement of the limited li	ability company.
	CI	Printed or typed name of signee
Signa	are of a member or authorized representative of a member	Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete performa igations of my position as registered agent as provided for in C Fly reflect a change in the registered office address, I hereby co I in writing of this change.	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept chapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been

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