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COVER LETTER

Division of Corporations	
SUBJECT: Only Wave Marine Maintenance LL 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:	
Wichulas Scott Secrano Name of Person	
Only Wave Marin Maintenance LLC Firm/Company	
19415 W Indies La Address	
Supiter Florida, 33469 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Wicholas S. Secrano at 772, 285-3534 Name of Person Area Code & Daytime Telephone Number	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

TO:

Registration Section

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. N	ame of the limited liability company: Only	Wave Mari	ne Main	tenance	e LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of		OTHER, FL
	March 15, 2023	 	13000132	712	
3. 5. (a)	Date of filing/registration in Florida ZENBUS MESS INC. Registered Agent and Registered Office shown on the records	4.	Document nut		
(b)	Registered Office Address MUST BE FLORIDA STREET 336 E (Ollege AVF. Suite 301, Tallahassee Michulus Scutt Section Enter name of NEW Registered Agent and/or NEW Registered	FL 32301 Serrano		2023 HAY 1 1 SELVELTARY TALLAHASSE	
	NEW Registered Office Address: 19415 W Indies Lr Supiter.	1) FL 33469		PM 12: 59 OF STATE E. FLORIDA	
change agent was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited ere authorized by amaffirmative vote of the member cles of organization or the operating agreement of the second street of the second street of the second s	laws of the State of the registered office I liability company, irs of the limited liab	Florida, it is herel and the business of it is hereby confirm ility company or a	office of the reg	gistered ange(s)
I here provisi the obi to mer notified	tule of a member ordinthorized representative of a member by accept the appointment as registered agent and a constant of all statutes relative to the proper and completigations of my position as registered agent as provided vertical achange in the registered office address, in writing of this change.	igree to act in this c ite performance of n ded for in Chapter (I hereby confirm th	Printed or typed vapacity. I further ny duties, and I an 505, F.S. Or, if that the limited liab	name of signee agree to compl n familiar with is is document is b ility company h	y with the and accept being filed as been