L23000374790

(Requestor's Name)					
(Address)					
(Address)					
(Ĉity/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					





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08/24/23--01018--010 **55.00

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2023 AUG 24 PM 2: 01

COVER LETTER , , , ,

INHS18 (2/14)

TO: Registration Section Division of Corporations		
LAST CALL BOATING LLC SUBJECT:		
	ne of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to th	e following:
SEAN ONEIL		
Name of Person		
LAST CALL BOATING LLC		
Firm/Company		
9205 SW 58 AVE		
Address		
MIAMI, FL. 33156		·
City/State and Zip Code		
657SHAMROCK@GMAIL.COM		
E-mail address: (to be used for future ann	ual report not	tification)
For further information concerning this matter,	please call:	
SEAN ONEIL	617 at (413 4552
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

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.

a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	lress of limited liability company: IAY BE POST OFFICE BOX)
	9205 SW 58 AVE			9205 SW 58 AVE	
	MIAMI, FL 33156 AUGUST 9, 2023		MIAMI, FL 33156		
			I	L23000374790	
	Date of filing/registration in Florida	4.	_	Documer	nt number
(a)	Registered Agent and Registered Office shown on the records of	·weiter			
		of the Flori	ida l	Dept. of State:	
	ETHAN ONEIL				
	Registered Office Address (MUST BE FLORIDA STREE) 9205 SW 58 AVE	T ADDRE	<u>(SS)</u>		
	MIAMI	L_33156			75°
	MIAMI , I	L			2 2 T
b)					FIL 2029 AUG 24 TÄLLAHASSI
- /	Enter name of NEW Registered Agent and/or NEW Register		add	ress:	
	CL'ANI CARICH				
	SEAN ONEIL.				D 1 2: 01 STATE FLORID
	NEW Registered Office Address:				RE 9
	9205 SW 58 AVE				D .
	MIAMI	:L33156			
	to the late at the control of the co				Landa and Camadahas a Ga
ge	imited liability company is not organized under the I or changes are made, the Florida street address of the	ie registe	erec	l office and the busi	iness office of the registered
ĺ١	vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members	liability of the l	con imi	npany, it is hereby o ted liability compan	confirmed that the change(s
ırti	icles of organization or the operating agreement of the	e limite	d lia	hility company	
				Etha	n O'Weil typed name of signee
na	ture of a member or authorised representative of a member			Printed or	typed name of signee
	by accept the appointment as registered agent and ag	read to a		n this capacity. I funce of my duties, an apter 605, F.S. Or of the limited	irther garee to comply with

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent