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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Dirty Hooken Fishing (Name of Limit	Chartes UC led 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:
Michael L. Blose Name of Person	
Dirty Hooten Fishing Charles Firm/Company	<u>uc</u>
5493 Ponduosa In	
Crestview FL 32539 City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call	l:
Michael Blose at (85) 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.

1. Nar	ne of the limited liability company: Di	rty Hook	u Fish	ing Charter	s uc	
2. (a)	5493 Ponderosa In.	•		493 Ponder		
<i>2.</i> (a) _	Principal office address of limited liability co	mpany:	(~) 	Mailing address of limite	d liability com	-
	(Note: MUST BE STREET ADDRES	_	,	(Note: MAY BE POS		
	Cristien, FL 3253	<u> </u>		restrien, f	2300	 -
_	Nov. 21, 2023		L	-23000 524	WHO	
3.	Date of filing/registration in Florid	a 4.		Document number		
5. (a)	Cheyenne Moselly Registered Agent and Registered Office shown on the					
I	.	4				
	United States Corpora	Am Agun	s, Inc	<u>, </u>		
	Registered Office Address (MUST BE FLORIDA		<u>55)</u> .		207	
	476 Riverside AVR		<u>-</u>	- 5	23 D	
	Jacksonville	, fl3	2202	_ 	1023 DEC 27 PM	
	Michael L. Blose			A A	C27 PM	1
(b) _	Enter name of NEW Registered Agent and/or NEW		iddress:	_		()
	<u>.</u>			- -	6: 24 STATE	_
	Michael L. Blose			r		
	NEW Registered Office Address:					
	5493 Ponderosa Ln			_		
	Crestilew	~				
	Cusiview	, Fl	2531	_		
	nited liability company is not organized un					
agent w	or changes are made, the Florida street addr ill be identical. Or, in the case of a Florida	limited liability of	company, it i	s hereby confirmed t	hat the chang	ge(s)
	e authorized by an affirmative vote of the r les of organization or the operating agreem				erwise provi	ded in
			Mich		Se_	
Signatu	re of a member or authorized representative of a mer	nber	<u> </u>	Printed or typed name of	of signee	
provisió the oblig to merel	w accept the appointment as registered agen ns of all statutes relative to the proper and gations of my position as registered agent a ly reflect a change in the registered office a in writing of this change.	nt and agree to a complete perfort s provided for in ddress. I hereby	ct in this cap nance of my Chapter 605 confirm that	acity. I further agree duties, and I am fam 5. F.S. Or, if this doc the limited liability c	e to comply viliar with and cument is bei company has	with the d accept ng filed been
Signature	of Registered Agent					

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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25,00

INHECTO (2/14)