L23000555851

(Requestor's Name)					
(Ad	ldress)				
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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

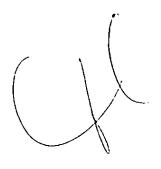
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01/22/24--01012--013 **25.00





	COVERI	LETTER * *	,		
TO: Registration Section Division of Corporations	٠				
STN MARINE SERVICES LLC SUBJECT:					
Nam	e of Limited L	Liability Company	_		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ce Change and	I fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the	following:			
Michael Serrano			a S	2	
Name of Person				<u> </u>	27E)
				7074 JAN 22	ا ا حد د
ZenBusiness Inc.			AHASSEE,	22 [===
Firm/Company			388 40.	A C	T
336 E. College Ave. Suite 301			E STE	AM III: LA	ر
Address			្រា	F	
Tallahassee, FL 32301					
City/State and Zip Code					
ra@zenbusiness.com					
E-mail address: (to be used for future annu	al report notif	fication)			
For further information concerning this matter.	please call:				
Michael Serrano	8 44 at (493-6249			
Name of Person		Area Code & Daytime Telepho	one 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, Sui Tallahassee, FL 32303	ite 810		
Enclosed is a check for the following a	amount:				
■ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

l. Na	ame of the limited liability company: STN MARINE S	ERVIC	CES	LLC						
2. (a)	7904 BALLY MONEY ROAD			7904 BALLY MONEY ROAD						
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0		Mailing address (Note: MAY	of limited lia	-			
	TAMPA, FL 33610			TAMPA. I	F1. 33610					
	12/11/2023		_	L230005558	351			-		
s. s. (a)	Date of filing/registration in Florida HOQUE, SAMIUL	4.			Document n	umber				
·. (a)	Registered Agent and Registered Office shown on the records of 7904 BALLY MONEY ROAD	the Flo	rida	Dept. of State	- e: -	ن ساند	202			
	Registered Office Address (MUST BE FLORIDA STREET)	<u> 4DDRI</u>	<u>ESS</u>	!		IALLAHAS!	2024 JAN 22			
	TAMPA , FL	33610)		- -	XXY 0		m		
(b)	ZenBusiness Inc.				_		AM II: LL	0		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	ado	lress:		<u> </u>	ţ			
	336 E. College Ave. Suite 301									
	NEW Registered Office Address:				-					
	Tallahassee, FL	32301		_						
hange gent v vas/we ne arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility of the l limite	ere cor limi d li	d office and npany, it is ted liability ability com	the busines: hereby conf company or	s office of t irmed that t	he reg the cha	istered inge(s)		
	Samiul Hoque ure of a member or authorized representative of a member	2	amı	ul Hoque	Printed or type	yl name of sie	11000			
	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I hange	ee to a perfor I for in sereby	ict i ma n Ci coi	n this capa nce of my a hapter 605, nfirm that t		-		with the and accept eing filed as been		
Signatu	re of Registered Agent									