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(Requestor's Name) (Address)	
(Address)	200435585412
(City/State/Zip/Phone #)	FIL 2024 SEP 16
(Document Number)	FILED PI6 MID: 22 FSTA
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 09/16/204

WALK IN

ENTITY NAME STO MARITIME GROUP LLC

DOCUMENT NUMBER_____

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXXXXXXXXXXX Plain Copy Certified Copy

Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting: _____

**APOSTILLE' / NOTARIAL CERTIFICATION **

_____ COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED_____

TOTAL OWED \$ 25.00

ACCOUNT # I20140000108
United Corporate
Services, Inc.

	<u> </u>	
# I20	Thank you so much!	Ì
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Ξ.	Androw	
rns.	Thank you so much!	

Please call Tina at the above number for any issues or concer

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.

2. (a)		(b)			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1901 Brickell Avenue, Ste B201	l	901 Brickell Avenue, Ste B201		
	Miami, FL 33129		Miami, FL 33129		
	02/15/2024	L2	24000082433		
3.	Date of filing/registration in Florida	- <u>4</u>	Document number		
c (a)	CHRISTOPHER C AROCHA				
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida D	rept, of State:		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDREŞS)</u>	202		
	161 CRANDON BOULEVARD APT. 322		I SE		
	KEY BISCAYNE, F	33149 L	2021 SEP 16 AM 10		
(b)	United Corporate Services, Inc.				
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addr	m m		
	NEW Registered Office Address:		<u></u>		
	3458 Lakeshore Drive				
	Tailahassee F	L			
chang agent was/v	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered iability com of the limite e limited lia	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.		
Sign	ature of a member or authorized representative of a member	<u></u>	ristopher Arocha Printed or typed name of signee		
them	eby accept the appointment as registered agent and ug sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide refy reflect a change in the registered office address. I ed in writing of this change.	ree to act in e performan ed for in Ch hereby con	1 this capacity. I further agree to comply with the see of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		

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Michael A. Barr Pres., United Corporate Services, Inc.

Signature of Registered Agent

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