Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (350) 617-6383

From:

 (\hat{G}_{b})

Account Name : C T CORPORATION SYSTEM Account Number : PCA000000023 Phone : (614)230-3338 Fax Number : 7954)228-0845 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE LUCANTHA MARINE INSURANCE, LLC

Certificate of Status Certified Copy 1 02 Page Count Estimated Charge \$55.00

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AUG 0 6 2018

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.

I. Name of the limited liability company: LucanthaMarineInsurance,LLC						
2. (a)		(b) LEWIST	ONHALLBEDG	#V60P1	NELAN	NDDR
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)			
	200COLONIALCENTERPARKWAY,SUITE150	SUTTELL	6			
	LAKEMARY,FL32746	NEWGLOUCESTER.ME04260				
	08/18/2014	M14000005949 4. Document number				
3.	Date of filing/registration in Florida	4.	Document пил	nber		
5. (a)	CORPORATIONSERVICECOMPANY					
	Registered Agent and Registered Office shown on the records of the	he Florida Dept of Stat	te;			
	Registered Office Address <u>GMUST BE FLORIDA STREET A</u> 1201HAYSSTREET	DDRESS)	_		N 3	
	TALLAHASSFE	32301-2525	_	: :	2016 A	
	CTCorporationSystem		_	ii h	AUG -:	. , -
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office address:			3 PH 3:	
	NEW Registered Office Address:				 ယု	
	1200SouthPineIslandRoad		_			
	Plantation FL	33324	_			
the chargent agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered office ibility company, it if the limited liability limited liability con	te and the busing is hereby confinity or a mpany or a mpany.	ess offici med that is otherw	e or the	ange(s)
	teflu fee	StephanieBoeh	m Printed or typed	name of si	ignee	
I here provis the ob- to men notific	tupe of a member or authorized representative of a member oby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I lead in writing of this change. MicheleHolden, Asst. Secretary are of Registered Agent	vee to act in this cap performance of my d for in Chapter 60 hereby confirm that	weste I heriner	· morne te	3 ('03) 27 77	ly with the and accept being filed ius been

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