M14000008501

(Requestor's Name)
(Address)
(Address)
(122.022)
(2) (2) (3)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Sodanient Namas),
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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LEGGETT LOND



December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: MARINE FUELS MANAGEMENT, LLC

Ref. Number: M14000008501

We have received your document for MARINE FUELS MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 917A00026323

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	istration Section sion of Corporations					
SUBJECT:	MARINE FUELS MANAGEM	MENT, LLC				
	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the	e following:			
Destiny Ba	ylor					
	Name of Person	· · · · · · · · · · · · · · · · · · ·				
Paracorp	Incorporated					
	Firm/Company					
2804 Gate	eway Oaks Dr #100					
	Address					
Sacramer	nto, CA 95833					
	City/State and Zip Code					
paracorp@	@myparacorp.com					
E-mail	address: (to be used for future ann	nual report not	ification)			
For further i	nformation concerning this matter,	please call:				
Destiny B	aylor	800 at (533-7272			
	Name of Person	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number			
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building I Executive Center Circle ahassee, Florida 32301	R E P	AAHANG ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314			
Enc	dosed is a check for the following	amount:				
⊠ \$	25 Filing Fee		\$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

i. Na		_S MANAGEMENT, LLC	
	1553 REBECCA PLACE	(b) 1553 REBECCA PLACE	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	LONGWOOD, FL 32779	LONGWOOD, FL 32779	
	11/25/2014	M14000008501	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	B&C Corporate Services of Registered Agent and Registered Office shown on the records of the	Central Florida ne Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	
	390 North Drange Ave	Suite 14W	
	390 North Orange Ave Orlando FL	32501	77
(b)	Paracorp Incorporated		T T T
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	TT C
		A II: 0	_
	155 Office Plaza Drive, 1st Floor NEW Registered Office Address:		
	NEW REGISTER OFFICE AND CO.		
	Tallahassee	32301	
the cha agent was/was/was/was/was/was/was/was/was/was/	ange or changes are made, the Florida street address of t 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 l	rs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registability company, it is hereby confirmed that the change(so the limited liability company or as otherwise provided limited liability company: Anthony W. Justice	(C) Cu ()
	flure of a member or authorized representative of a member	Printed or typed name of signee	
provis the ob- to mer	ions of all statutes relative to the proper and complete f ligations of my position as registered agent as provided selv reflect a change in the registered office address. I h d in writing of this change.	ee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and act for in Chapter 605, F.S. Or, if this document is being jureby confirm that the limited liability company has been	i the ocepi filed en
<u>r:</u>	Milton Vony, Ass	sistant Secretary	
Signati	ne of Registeror Agent	$oldsymbol{\circ}$	