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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations	
SUBJECT: Cape Coral Marine Centre	e, LLC
	f Limited 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 n	natter to the following:
William Cooley	
Name of Person	
Cape Coral Marine Centre, LLC	
Firm/Company	
229 Edmor Road	
Address	
West Palm Beach, FL 33405	
City/State and Zip Code	
cool3003@bellsouth.net	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pl	ease call:
William Cooley	at (561) 758-8787
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following an	mount:
	\$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. Na	ame of the limited liability company: Cape Cora	ai Marine C	Centre, LLC	
2. (a)	1503 S.E. 46th Lane	(b) 229 Edmor Road		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Cape Coral, Florida 33904	We	st Palm Beach, FL 33405	
	7/16/2015	M15	5000005697	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	National Registered Agents, Inc.			
J. (U)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
			17	
	Plantation , Fl	33324	APR -	् } ड्रीन्स्
(b)	Registered Agents Inc.		7 PH	
(-)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:		-
	3030 N. Rocky Point Dr.		. 25 ာ်	
	NEW Registered Office Address:			
	STE 150A			
	Tampa	_L 33607_		
the chagent was/w the ar Willia Sign	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the am O. Cooley Lature of a member or authorized representative of a member eby accept the appointment as registered agent and agentions of all statutes relative to the proper and complete organizations of my position as registered agent as providing the reflect a change in the registered office address, and the registered of the r	of the registered lability company of the limited lie limited liability William Course to act in the	office and the business office of the registery, it is hereby confirmed that the change(s) iability company or as otherwise provided in the company. D. Cooley Printed or typed name of signee is capacity. I further agree to camply with the content of the comply with the capacity.	n the