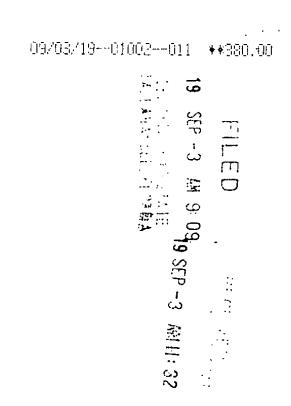
## 1119000000847

٤.								
(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2019

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: F/V MISS LESLIE, LLC

Ref. Number: M19000000847

LLC and your check(s)

We have received your document for F/V MISS LESLIE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 219A00018139

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJI	F/V MISS LESLIE, LLC JECT:							
		ne of Limited	Liability Company					
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	ice Change ar	d fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to th	e following:					
TINA	GOFF							
	Name of Person							
Suns	hine State Corporate Compliance	Company						
	Firm/Company	Name of Limited Liability Company  ered Agent/Registered Office Change and fee(s) are submitted for filing.  respondence concerning this matter to the following:  Name of Person  Corporate Compliance Company  Firm/Company  RE DRIVE  Address  FL 32312  City/State and Zip Code  PORATE2014@GMAIL.COM  (to be used for future annual report notification)  on concerning this matter, please call:  at (						
3458	LAKESHORE DRIVE							
	Address		<del></del>					
TALL	AHASSEE, FL 32312							
	City/State and Zip Code		<del></del>					
SUN	SHINECORPORATE2014@GMA	L.COM						
	E-mail address: (to be used for future ann	iual report not	ification)					
For fu	rther information concerning this matter.	please call:						
TINA	GOFF		656-4724					
	Name of Person		Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		R D P	Registration Section Division of Corporations					
	Enclosed is a check for the following amount:							
	20525 Filing Fee		\$55 Filing Fee & Certified Copy					
INHS1	/ 8 (2/14)							

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

4 4 4 4

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. N	Tame of the limited liability company: F/V MISS LE	SLIE, l	LC			
2. (a)	·	(	b)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	,	_		ability company: OFFICE BOX)
	13529 BAY VIEW CIR		POST	OFFICE BO	X 355	
	OCEAN SPRINGS, MS 39504		BILOX	(I, MS 39533	· }	
	JANUARY 24, 2019		M1900	0000847		
3.	Date of filing/registration in Florida	_ 4.	-	Document n	number	
5. (a	SUNSHINE CORPORATE FILING OF FLOR	RIDA, I	NC.			
• •	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of S			
	3458 LAKESHORE DRIVE					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>S)</u>	<del></del>		
					· · · · ·	ాళ్ల (ఆఫ్
	TALLAHASSEE · FI	32312		<del></del>	3** _1	85
	Sunshine State Corporate Compliance Com	nany			· ···	<u>ن</u>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				•	
	Sites that of NEW Registered Agent and of NEW Registered	Office ac	idiess.		12	<u>ب</u> -
						60
	NEW Registered Office Address:	***		<del>-</del>		
	, FL					
the ch 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 livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regi ability c of the lin	istered off ompany, i nited liabi	fice and the bus it is hereby con- ility company o	iness offic- firmed that	e of the register t the change(s)
		CH	RISTIN	A B. GOFF, I	REG. AG	ENT
Sign	ature of a member or authorized representative of a member			Printed or type	ed name of si	ignee
provis the ob to mei	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	ree to ac perforn d for in hereby c	t in this co nance of n Chapter 6 confirm th	apacity. I furth ty duties, and I 105, F.S. Or, if at the limited li	er agree to am familia this docun ability con	o comply with the ar with and acce nent is being file apany has been

Signature of Registered Agent