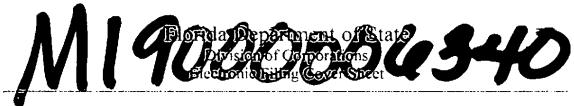
Division of Corporations



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Ema i	.l Address:		
		s for this business entity to be a ngs. Enter only one email address	
	fax Number	•	
	Account Numbe	: C T CORPORATION SYSTEM r : FCA000000023 : (614)280-3338	, , , , , , , , , , , , , , , , , , ,
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VESSEL ENTERPRISES LLC

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

Name of limited liability Company as it appear     Vessel Enterprises LLC	s on the records of the Florida D	epartment of	70
State:		3.7	
Enter new principal office address, if applicable:	601 DDICKELL KEY DO CTC 1	000	<u> </u>
(Principal office address	601 BRICKELL KEY DR, STE 1000		
MUST BE A STREET ADDRESS)	MIAMI, FL 33131	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · ·	
2. The Florida document number of this limited lie	M190000063	340	
Delaware  3. Jurisdiction of its organization;			
06/2	8/2019		
Date authorized to do business in Florida:			
SECTION II (5-9 complete only the applicable of	changes)		
5. New name of the limited liability company: (nms	t contain "Limited Liability Corr	pany, " "L.L.C	.," or "LLC")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmest contain "Limited Liability Company," "L.L.C	for the purpose of transacting by naging members adopting the alt [27] or "LLC.")	usiness in Flori ernate name. T	da and attach a he alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office agent.	ed officer address on our records ddress here;	. enter the name	e of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	Street Address	
_		Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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aforemention	ed amendment(s), duly au nder the law of which this	more than 90 days old, evidencing the thenticated by the official having custody of records in the entity is organized.	Remove
	21 4 Min. 	Signature of the authorized representative	

Filing Fee: \$25.00