

M21 0000005942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

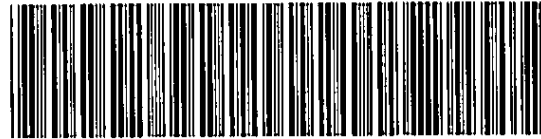
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/12/2021
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4.

6.

SHIPMAX, LLC

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Name of Person

Firm/Company

Firm/Company

Address

Address

City/State and Zip Code

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

MAHA MOURAD at (305) 694-0000
Name of Person Area Code & Daytime Telephone Number

Name of Person

Area Code & Daytime Telephone Number

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

~~\$~~ \$25 Filing Fee

☐ \$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. Name of the limited liability company: SHIPMAX, LLC

2. (a) 7900 NW 154TH STREET
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 200
MIAMI LAKES, FLORIDA 33016

(b) 9050 NW 27TH AVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
MAIMI, FLORIDA, 33147

3. 05/14/2021 Date of filing/registration in Florida

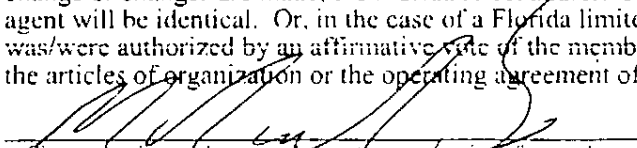
4. M21006005942 Document number

5. (a) MICHAEL LUTFEY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7900 NW 154TH STREET
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
SUITE 202
MIAMI LAKES, FL 33016

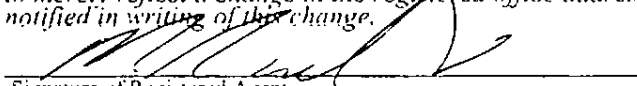
(b) MAHA MOURAD
Enter name of NEW Registered Agent and/or NEW Registered Office address:
9050 NW 27TH AVE
NEW Registered Office Address:
MIAMI, FL 33147

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 MAHA MOURAD
Signature of a member or authorized representative of a member Printed or typed name of signee

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.


Signature of Registered Agent