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` (Requestor's Name)
(Address)
(Address)
. ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(C. circus Fact Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

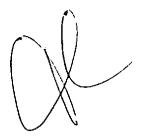
Office Use Only



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COVER LETTER

Division o	of Corporations					
SUBJECT: <u>\(\frac{1}{2}\)</u>	atermark Marcin Name of Foreig	e Surveying T	Boat Delivery CCC			
Dear Sir or Mada	m:					
The enclosed app	lication, certificate and fee(s)	are submitted for filing	2.			
Please return all o	correspondence concerning th	is matter to the following	ng:			
Elisha	Hope Johns Name of Person					
Waterman	Firm/Company	vayy	2023			
	Firm/Company		JUL ALL			
3849 //	199 AN S Address		28 F			
	Address		SEE			
Saint	Peters Luny FC City/State and Zip Cod	- 33711	2023 JUL 28 AM 11: 30 SECRETARIAS SEE, FIL			
	City/State and Zip Cod	e				
E-mail address	EKAKE g mail. : (to be used for future annual	Com report notification)				
For further inform	nation concerning this matter,	, please call:				
E. Hope .	bues	at (907) 6°	54-5059			
	ame of Person		time Telephone Number			
~	ion Section	Street Address: Registration Section				
Division P.O. Box	of Corporations 6327		Division of Corporations The Centre of Tallahassee			
Tallahass	see, FL 32314		J. Monroe Street, Suite 810 assee, FL 32303			
Enclosed	is a check for the following	amount:				
525 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			

CR2E055 (9/15)

TO:

Registration Section

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 appears 	
State: Waterwarl Marcine	Surveying & Bout Delivery LLC
Enter new principal office address, if applicable:	3948 1 m Ave S
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	Saint Petersburg PC 33711
Enter new mailing address, if applicable: (<u>Mailing address</u> MAY BE A POST OFFICE BOX)	3948 11th Auf S Saint Retacologi FC 33711
2. The Florida document number of this limited lia	
3. Jurisdiction of its organization:	2/2022 SSE #
4. Date authorized to do business in Florida:	2/2022 See 3
SECTION II (5-9 complete only the applicable of	m _o =
5. New name of the limited liability company: (must	t contain "Limited Liability Company," "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ldress here:
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.

If the amendment changes person, title or considering \mathbb{R}^2	•			-	- <i>L</i>
Removing R Zielinski	as a 1770	o memo		Varicula	_
e/ Capacity Name		<u>Address</u>		Type of	
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Attached is a certificate, if required: no material after a certificate and after a certificate and a certificate and a certificate and a certificate at the certificate and a certificate at the certificate and a certificate at the certificat	-	-	of records)Re
jurisdiction under the law of which this en	las to				
Elisha	mature of the authorize	ed representativ	<u>.</u>		

Filing Fee: \$25.00