Division of Corporations

(((H24000399840 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (888)705-7274

Phone Fax Number

: (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:		
CHICATA	MUUI 633.		

LLC REGISTERED AGENT CHANGE DEAN YACHT SERVICES LLC

Certificate of Status	0
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M. SOLOMON DEC - 5 2,24

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INHS18 (2/14)

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	DEAN YACHT SERVICES L					
		Name of Limited	Liability Company			
Dear Si	r or Madam:					
The enc	losed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.			
Please r	eturn all correspondence concernin	ig this matter to the	e following:			
Mary C	astillo					
	Name of Person					
Register	ed Agent Solutions, Inc.					
	Firm/Company		<u> </u>		2	
Corpora	te Center One, 5301 Southwest Pkwy,	Ste 400			2024 DEC -4	ger taski
	Address			,. :	- 0 <u>-</u>	erzania Granasia Granasia
Austin,	TX 78735		;. ;*		H3 t	3 i
	City/State and Zip Co	de		: O []	1 կ։ 26	
E-	mail address: (to be used for future	annual report noti	ification)			
For furt	ner information concerning this ma	itter, please call:				
Mary C	astillo	888 at (705-7274			
	Name of Person		Area Code & Daytime Telephone Num	ber		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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 follow	ving amount:				
	S25 Filing Fee	D :	\$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.

. (a)	1765 GREENSBORO STATION PLACE	(b)_	1765 GREENSBORO STATION	PLACE	
. (/	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST)		- 11- 1
	TYSONS, VA 22102		ΓYSONS, VA 22102		_
	7/6/2023	 M:	23000008739		_
•	Date of filing/registration in Florida	4.	Document number		
. (a)	C T Corporation System				
	1200 South Pine Island Road Registered Office Address (MUST RE FLORIDA STR	EET ADDRESS)		2024	
		EET ADDRESS) . FL 33324		2024 DEC -	Maka ji dan S Gurindan I ji de per
(b)	Registered Office Address (MUST BE FLORIDA STR Plantation Registered Agent Solutions, Inc.	. FL 33324		_	Stan, Jan granuski rozem H rozem J granuski granu
(b)	Registered Office Address (MUST BE FLORIDA STR	. FL 33324	255:	-4 PH 4:	En., 3a o.como d o o o o o o o o o o o o o o o o o
(b)	Registered Office Address (MUST BE FLORIDA STR Plantation Registered Agent Solutions, Inc.	. FL 33324	<u></u>	- L	entrality of the second of the
(b)	Registered Office Address (MUST BE FLORIDA STR Plantation Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent Agent and/or NEW Registered Office Address:	. FL 33324	<u></u>	-4 PM 4:2	Enclosed of the control of the contr
(b)	Registered Office Address (MUST BE FLORIDA STR Plantation Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Re	. FL 33324	255:	-4 PM 4:2	Section 200

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.

/s²	Doug Cumins	Doug Cumins	Member	
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.

Mackenzie Hibler, Asst, Secretary Signature of Registered Agent