M9800001116

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: 1200000	00195				
	REFERENCE	: 762812 9	7494445				
	AUTHORIZATION	SIGH	Lena				
	COST LIMIT	: \$ 25.00	√				
ORDER DATE : 1	May 22, 2023						
ORDER TIME :	2:28 PM						
ORDER NO. :	762812-208						
CUSTOMER NO:	7494445						
							
CHANGE OF AGENT							
NAME:	TOTE MARITIME	PUERTO RIC	O, LLC				
PLEASE RETURN T	THE FOLLOWING AS	PROOF OF F	ILING:				
	EED COPY STAMPED COPY						
CONTACT PERSON:	Alexxis Weilar	l-sorenson					

EXAMINER'S INITIALS:

• • •

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. Na	me of the limited liability company:	1E PUE	ERT(RICO,	LLC				
2. (a)	10/01 DEEPWOOD PARK RIVO			(b) 10401 DEERWOOD PARK BLVD.					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) BUILDING 1, SUITE 1300		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) BUILDING 1, SUITE 1300						
	JACKSONVILLE, FL 32256			JACKSONVILLE, FL 32256					
	10/01/1998		Ν	9800000	01116				
3.	Date of filing/registration in Florida	4.	_		Document number	<u> </u>			
5. (a)									
	Registered Agent and Registered Office shown on the records of REGISTERED AGENT SOLUTIONS, INC.	the Flor	ida U	ept. of Sta	te:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	.SS)		_				
	2894 REMINGTON GREEN LANE SUITE A				20. FALL				
	ALLAHASSEE FL 32308			_	23 JU ECRE L AH				
					_	35岁 夏			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	()65			_		-		
	Enter name of NEW Registered Agent and/or New Registered	Omee	<u> </u>	<u>:555</u> .		AH =	(-)		
	Corporation Service Company					: గు	O		
NEW Registered Office Address:					Ç	B)			
	1201 Hays Street				_		62.		
	Tallahassee . FI.	32301	I						
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of organization or the operating agreement of the	registe ability of the li limited	ered com imite I lial	office an pany, it is d liabilit pility con	nd the business office s hereby confirmed ty company or as oth	e of the regis that the char	stered ige(s)		
Signat	Signature of a member or authorized representative of a member					of signee			
provision the oblination mere notified Signatur	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I lim writing of this change.	pertori	mam	re of my i	duties, and I am fam	illiar with a	nd accent		
Grace	E. Kirby, Asst. Vice President Division of Corporations P.O. I	30x 63	27•	Tallaha	ssee FI 3231.1				