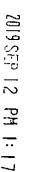
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COVER LETTER

TO: Amendment Section Division of Corporations		
MARINE RESEARCH & RESTORATION PROJECT, INC.		
Name of Corporation		
DOCUMENT NUMBER: N16000011159		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Peter Pierotti		
Name of Contact Person		
MARINE RESEARCH & RESTORATION PROJECT, INC.		
Firm/Company		
P.O. Box 5888		
Address		
Destin, FL. 32540		
City/State and Zip Code		
pierotti23@att.net		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Peter Pierotti 314 657-8040		
Name of Contact Person Area Code & Daytime Telephone Numbe		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Street Address:		
Amendment Section Amendment Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corpor	02, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ration organized under the laws of the State of <mark>Florida</mark> ce or registered agent, or both, in the State of Florida.
	RESEARCH & RESTORATION PROJECT, INC.
2. The principal office address: 134 Benn Destin, FL. 32541	ing Drive. Unit A.
3. The mailing address (if different): P.O. E. Destin, FL. 32540	3ox 5888
4. Date of incorporation/qualitication: 11/1	8/2016 Document number: N16000011159
	registered agent and registered office on file with the
Peter Pierotti	
134 Benning Drive. U	Unit A. 3
Destin, FL. 32541	2 :
6. The name and street address of the new reg (if changed):	gistered agent (if changed) and /or registered office
2042 SE 20th Ln	
Cape Coral, FL. 339	PO Box NOI acceptable
The street address of its registered office and as changed will be identical.	d the street address of the business office of its registered agent,
Such change was authorized by resolution d authorized by the board, or the corporation l	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
Signature of an officer or director	Peter Pierotti Director Printed or typed name and title
I hereby accept the appointment as registere I further agree to comply with the provision, performance of my duties, and I am familiar agent. Or, if this document is being filed me hereby confirm that the corporation has bee	s of all statutes relative to the proper and complete with and accept the obligation of my position as registered wely to reflect a change in the registered office address. I
Vid	8/31/2019
Signature of Registered Agent	Date
It signing on behalf of an entity: Pater Riesotti	
17,501 11012171	

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name