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| (Re | equestor's Name) | | | | |
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| (Ad | dress) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Na | me) · | | | |
| (Do | cument Number |) . I | | | |
| Certified Copies | Certificate | s of Status <u>contract</u> | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE
AND ANASSEE, FLORID

COVER LETTER

Amendment Section Division of Corporations ... Marine One Services, Inc. SUBJECT: Name of Corporation P04000030491 **DOCUMENT NUMBER:** 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: Michelle Nicholas Name of Contact Person Marine One Services, Inc. Firm/Company 726 Scallop Drive Suite A Address Cape Canaveral, FL 32920 City/State and Zip Code marineone0603@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michelle Nicholas Name of Contact Person 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** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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TO:

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

| statement of cha | nge is submitted for a co | orporation organize | 607.1508, or 617.1508, Flor d under the laws of the State d agent, or both, in the State | of Florida |
|--|--|--|---|--|
| _ | the corporation: Marin | | | oj i soriau. |
| 2. The principal | office address: 726 Sc | allop Drive Suit | e A | |
| 3. The mailing a | ddress (if different): Sa | me | | |
| 4. Date of incorp | poration/qualification: | 02/10/2004 | Document number: | P04000030491 |
| | I street address of the cur tment of State: (If resign | | nt and registered office on fil | e with the |
| | 780 Mullet Road # | 122 | | |
| | Suite A | | | |
| | Cape Canaveral, F | L 32920 | | 2009 SEI TALL |
| 6. The name and (if changed): | street address of the new | w registered agent (| if changed) and /or registere | 2009 AUG 10 SECRETARY ALLAHASSE |
| | 726 Scallop Drive | Suite A | | |
| | Cape Canaveral, F | | | C 3: 28 |
| | | P.O. Box NOT ac | oceptable |)A co |
| The street address changed will | ess of its registered office be identical. | ce and the street ad | dress of the business office | of its registered agent, |
| Such change wanthorized by the | as authorized by resolut ie board, or the corpora | ion duly adopted b tion has been notif | y its board of directors or b ied in writing of the change | y an officer so |
| Signatu | e selection of director | | Michelle Ni | |
| I hereby accept I further agree of my duties, an document is bei corporation has | the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflec s been notified in writin | istered agent and a isions of all statute d accept the obliga et a change in the r g of this change. | agree to act in this capacity is relative to the proper and ition of my position as regi: registered office address, I i | l complete performance stered agent. Or, if this hereby confirm that the |
| Dolul | · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 2 | 3 08/07/20 | |
| _ | nature of Registered Agent | | Date | |
| If signing on be | chalf of an entity: | | • | |
| | yped or Printed Name | | | |

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