## P14000027031

(Re	equestor's Name)					
(Ad	ldress)					
(Ad	ldress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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SECRETARY OF STATE TALLS TASSEE, FLORIDA

05/11

## **COVER**'LETTER

	dment Section on of Corporations						
SUBJECT:_	MARITIME	HOU ZON	US INCOL	PORATED			
DOCUMENT	NUMBER: P1400	00 27 031		<u>.</u>			
The enclosed	Statement of Change of F	Legistered Office	/Agent and fee are	submitted for filing.			
Please return a	all correspondence conce	ning this matter	to the following:				
	RAQUEL	Dawso Name of Cont	J tact Person	<del></del>			
	DANSON A	ASSOCIATE Firm/Con	む C.P.A,	<u>P. A.</u>			
	3250 MAR	y STREET Addre	# <b>3</b> 01	<del></del>			
	COCONUT C	City/State and	33133 I Zip Code				
E-mail address: (to be used for future annual report notification)							
For further inf	formation concerning this	matter, please ca	all:				
RAQUE	Name of Contact Person		_ at ( <u>305)</u> Area Code &	2 Daytime Telephone Number			
Enclosed is a	\$35.00 check made payab	-		c rayuno receptione realise.			
	Mailing Addr Amendment S Division of C P.O. Box 632	Section orporations	Division	ddress: nent Section n of Corporations 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 ch	ange is submitted	tions 607.0502, 617 for a corporation o egistered office or re	rganized under i	the laws of th	ne State of FL	OFIDE	
1. The name of	the corporation:_	MAKITIME	HORIZON	S INCOM	POR ATED		
2. The principa	l office address:_	3225 F	eanklin	AVE	#504		
MIAMI,	FL 3.	2123					
		nt):					
4. Date of incor	poration/qualific	ation: 03/25/2	Docum	ment number	- P14000	027	031
5. The name and Florida Depa	d street address o rtment of State: (i	f the current register If resigned, enter res STATES CO ZOOM	red agent and reg	gistered office	e on file with the		
	13302 1	nuding a	AK COUR	LT, Sui	TE A	15	SE0
	TAMPA	FL 33612	?			HAY -	- 24 - 24 - 24 - 24 - 24 - 24 - 24 - 24
6. The name and (if changed):	d street address o	f the new registered	agent (if change	d) and /or rep	gistered office	15 MAY -4 AM II: 08	SSEE, FI
	DAWSON	ASSOCIAT	ES, C.P.A	., P.A.	<del></del>	80 :	TATE
	3250 M	ARY STREET P.O. Box	#3cl				>
	COCONUT	GROVE, F	23133				
The street addreas changed will	ess of its register be identical.	ed office and the str	eet address of th	he business o	office of its regis	stered a	gent,
Such change wa authorized by the	as authorized by be board, or the c	resolution duly adop orporation has been	pted by its board notified in writ	d of directors ting of the cl	s or by an office nange.	r so	
Signatu	re of an officer or direc	tor	MR.	RYLE Printed or typed	Houses name and title		<del></del> -
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment to comply with the my duties, and I is document is be that the corpora	as registered agent e provisions of all s am familiar with ar ing filed merely to tion has been notific	and agree to a	at in this can	agit.	gistere ress, I	d
Pagti	mature of Registered A	ent	<del> </del>	4/30	/15		
· ·	half of an entity:	·	. •	·			
	yped or Printed Name						

\* \* \* FILING FEE; \$35.00 \* \* \*