

P16000029755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

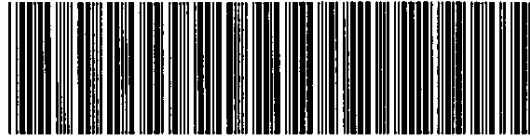
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TO: Amendment Section
Division of Corporations

SUBJECT: OFFSHORE DESIGN BUILD INC.
Name of Corporation

DOCUMENT NUMBER: P16000029755

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:

WILLIAM SCHAFFLE
Name of Contact Person

OFFSHORE DESIGN BUILD, INC.
Firm/Company

SUITE
301 W. PLATT ST. A #140
Address

TAMPA, FL 33606
City/State and Zip Code

OFFSHORE DB INC @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM SCHAFFLE at (727) 992-1114
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Offshore Design Build Inc.

2. The principal office address: 301 W. Platt St. SUITE 140
Tampa, FL 33606

3. The mailing address (if different): same

4. Date of incorporation/qualification: 3/31/2016 Document number: P16000029755

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

William Schafle
2054 PARK CRESSENT DR.
LAND O' LAKES, FL 34639

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WILLIAM SCHAFLE
301 W. PLATT ST. SUITE 140
P.O. Box NOT acceptable
TAMPA, FL 33606

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

WILLIAM SCHAFLE
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

6/27/16
Date

If signing on behalf of an entity:

OFFSHORE DESIGN BUILD, INC.
Typed or Printed Name

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