## 918000020209

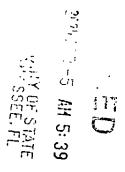
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



200427018782

04/05/24--01017--001 \*\*35.00





Amendment Section Division of Corporations

## **COVER LETTER**

TO:

SUBJECT:	BFP Maritime, Inc.			
Name of Corporation				
DOCUMENT NUMBER:	P18000020209			
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted	d for filing.		
Please return all correspondence c	oncerning this matter to the following:			
Jonathan 2	7. Kurni			
Name of Contact Person	- Kuny			
Vedder	Price	<u> </u>	· :	
Firm/Company			•	
600 Brickell Aven	ue, Suite 1500	** ***	ं।	
Address	<del></del>	8 <u>5</u>	323	:
Miami, FL	33131	in $^{\circ}$	ص. ض.	A
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	FL	AH 5: 39	
	jkurry@vedderprice.com	Pi	9	
E-mail address: (to be used for	future annual report notification)	<del></del>		
For further information concerning	this matter, please call:			
Halina Feola	at ( 312 )	609-7827		
Name of Contact P	at ( 312 )  erson Area Code & Daytime	Telephone Nur	mber	_
Enclosed is a \$35.00 check made p				
Mailing Address: Amendment Section	Street Address: Amendment Section			

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

T. The name of t	he corporation:	BFP Maritime, Inc.				
	office address:					
3. The mailing a	ddress (if different):	1974 Brookview Drive, Atlar	nta, GA 3031	<u> </u>		
4. Date of incorp	ooration/qualification: _	02/28/2018 Document number	P180	P18000020209		
5. The name and		rrent registered agent and registered office				
		Corporation Service Company				
		1201 Hays Street				
		Tallahassee, FL 32301	<u> </u>			
6. The name and (if changed):	street address of the ne	w registered agent (if changed) and /or reg	gistered office	់		
		Jonathan Z. Kurry	SS CH	AM	5 - 2	
	60	00 Brickell Avenue, Suite 1500	######################################	٠.	N. Carrier	
		P.O. Box NOT acceptable		39		
	<del></del>	Miami, FL 33131				
		ee and the street address of the business of			l agent.	
Such change was authorized by the	s authorized by resolution board, or the corporal	ion duly adopted by its board of directors tion has been notified in writing of the ch	s or by an offi nange.	icer so		
Curark !	ldur,	Bernard Pe	eters, Preside	nt		
	or an officer or director	**	d name and title			
hereby accept to further agree to further agree to further, and to further, and to further to be in pocusioned by.	he appointment as rego comply with the provi l I am familiar with and g filed merely to reflec heen notified in writing	istered agent and agree to act in this cap isions of all statutes relative to the prope d accept the obligation of mv position as I a change in the registered office addre. g of this change.	acity r and comple registered ag ss, I hereby co	te perfo. ent. Or onfirm t	rmanc if thi. hat the	
3C527060A8D4460	c of Registered Agent	April 4, 2	2024			
	and or registered Agent	Da	te			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)