Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE THE DOMESTIC MARINE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of cha	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida State in organized under the laws of the State of Pa ir registered agent, or both, in the State of Flori		
1. The name of	the corporation: The Domestic Ma	arine Inc.		
	office address: 1800 PEMBROK		, n	
3. The mailing a				
4. Date of incor	poration/qualification: 08/01/201	8 Document number: P180000662	216	
	d street address of the current regi rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	he	
	CORPORATION SERVICE CO	MPANY		
	1201 HAYS STREET		FAI S	
	TALLAHASSEE, FL 32301		20 FEB 10 SEUNE ÉS	71
6. The name and street address of the new registered age (if changed):		red agent (if changed) and /or registered office	10 M	
	Northwest Registered	Agent LLC	8: 3 5: A1	رب
	7901 4th St N STE 300		32 10.4	
	St. Petersburg FL 3370	Box NOT acceptable		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its rep	gistered agent,	
		adopted by its board of directors or by an offic been notified in writing of the change.	cer so	
<u>Richa</u> Signati	and Hassey	Richard Hassey, Director Printed or typed name and title		
I further agree performance of	to comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and complet h and accept the obligation of my position as to reflect a change in the registered office ac otified in writing of this change.	revistered	
lon	Glove	2/10/20		
_	mature of Registered Agent	Date		
• •	chalf of an entity:			
Tom Glove	Yped or Printed Name	-		
•	2F			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)