P2200005863

| (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: | | | |
| J DENNIS | | | |
| JUN 1 5 2023 | | | |
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Office Use Only



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FILED STATE SECRETARY OF STATE

COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: MarineTeknik Group Inc | |
|---|--|
| Name of Corporation | |
| DOCUMENT NUMBER: P22000005863 | |
| 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: |
| Gail Bonani | |
| Name of Contact Person | |
| MarineTeknik Group Inc | |
| Firm/Company | |
| 947 NE 31 ST AVE | |
| Address | - |
| POMPANO BEACH FL 33069 | |
| City/State and Zip Code | |
| accounts.payable@marinetek | nik.com |
| E-mail address: (to be used for future annual | report notification) |
| For further information concerning this matter, p | please call: |
| Gail Bonani | 3665702 |
| Name of Contact Person | at (954) 3665702 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 | Street Address: Amendment Section Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of change i | isions of sections 607.0502, 617.0502, is submitted for a corporation organize change its registered office or registere | ed under the laws of the | State of Florida |
|--|--|---|---|
| 1. The name of the co | orporation: MarineTeknik Group Inc | | |
| 2. The principal offic | e address: 1091 NW 31 ST AVE CI | POMPANO BEACH | FL 33069 |
| 3. The mailing address | ss (if different): 947 NE 31 ST AVE P | OMPANO BEACH FL | 33069 |
| 4. Date of incorporati | ion/qualification: 01/09/2022 | Document number: | P22000005863 |
| 5. The name and stree | ct address of the current registered age at of State: (If resigned, enter resigned) | nt and registered office | |
| ERI | C JONES | | |
| 617 | I NW 122 ND TERR | | |
| COF | RAL SPRINGS FL 33076 | | |
| 6. The name and stre (if changed): | et address of the new registered agent | (if changed) and /or reg | ristered office |
| ERI | C JONES | | |
| 947 | NW 31 ST AVE | | |
| | P.O. Box N | OT acceptable | |
| PON | MPANO BEACH FL 33069 | | |
| The street address of as changed will be id | f its registered office and the street addentical. | ldress of the business of | office of its registered agent, |
| Such change was au authorized by the bo | thorized by resolution duly adopted by | by its board of director fied in writing of the c | s or by an officer so hange. |
| (North + | n'ollicer or director | Gail Bonani Director | |
| Signature of a | n officer or director | Printed or type | d name and title |
| I further agree to co of my duties, and I a document is being fi | appointment as registered agent and a mply with the provisions of all statute im familiar with and accept the obliga- led merely to reflect a change in the in notified in writing of this change. | agree to act in this capes relative to the propertion of my position as registered office addre | pacity. er and complete performance registered agent. Or, if this ess, I hereby confirm that the |
| Nut | \/ | 03/23/2023 | |
| Signature If signing on behalf | of Registered Agent | D: | ate |
| MarineTeknik Group | · | | |
| | or Printed Name | | |
| 3, 32 3 | * * * FILING FEE | :: \$35.00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314