P22000041940

					
(Requestor's Name)					
(Ac	ddress)	<u> </u>			
(Address)					
(Ci	ty/State/Zip/Phone #	¥)			
(0.	G/Otate/Etp/(//one /	• 7			
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Name	e)			
<u></u>	ocument Number)				
(5)	seament (tambet)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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COVER LETTER

TO:

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Amendment Section Division of Corporations

SUBJECT: Longship Management Corporation			
Name of Corporation			
DOCUMENT NUMBER: P22000041940			
The enclosed Statement of Change of Registered	l Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Michael Long			
Name of Contact Person			
BrewerLong PLLC			
Firm/Company			
407 Wekiva Springs Rd Suite 241			
Address			
Longwood, FL 23779			
City/State and Zip Code			
sunbiz@brewerlong.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, p	olease call:		
Michael Long	at (407) 660-2964 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	Department of State.		
Mailing Address:	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee Tallahassee FL 32314 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314	Tallahassee, FL 32303		

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organize or to change its registered office or registere	d under the laws of the S	State of Florida	<u> </u>
	the corporation: Longship Management Corp			
2. The principal	office address: 8310 S. Valley Highway 3rd	FL Englewood, CO 80112	2	
 3. The mailing a	address (if different): 3504 Lake Lynda Drive	Suite 400 Orlando, FL 32	2817	
4. Date of incorp	poration/qualification; 5/18/2022	Document number:	P22000041940	
	d street address of the current registered age rtment of State: (If resigned, enter resigned)		on file with the	
	Laurence J. Pino, P.A.			
	99 S. New York Ave.			
	Winter Park, FL 32789			
6. The name and (if changed):	d street address of the new registered agent ((if changed) and /or regis	stered office	2022
	407 Wekiva Springs Rd Suite 241			
	P.O. Box N Longwood, FL 32779	O l'acceptable	89 60 60	
The street address changed will	ess of its registered office and the street ad the identical.	ldress of the business of	-: 1 ·	
Such change wa authorized by the	as authorized by resolution duly adopted b he board, or the corporation has been notif	y its board of directors ted in writing of the cha	or by an office ange.	er so
Ma		Misty Collier, PR of Esta		er. President
•	ne of an officer or director	Printed or typed		
I finisher nerven	t the appointment as registered agent and a to comply with the provisions of all statute and I am familiar with and accept the obliga- ing filed merely to reflect a change in the a s been notified in writing of this change.	$\dot{m{x}}$ relative to the proper	: and complete	performance nt. Or, if this ifirm that the
	enature of Registered Agent		-025	
	chalf of an entiry:			
	g, Managing Member			
	Typed or Printed Name			
	* * * FILING FEE	: \$35.00 * * *		

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