(Requestor's Name)						
(Address)						
(Address	s)					
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PICK-UP	WAIT MAIL					
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(Document Number)						
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R. WHITE



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet

squeppet@cscinfo.com

Date: August 4, 2014

Order#: 200012/010

Re: MARINE MEDICAL INTERNATIONAL, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Sylvia Queppet

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	provisions of sections 607.0502, 6 ange is submitted for a corporation er to change its registered office on	n organized under the lav	vs of the State of F	Florida	
	the corporation: MARINE MED				
	l office address:th Andrews, Fort Lauderdale	e, FL 33316	 		
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 11/19/19	97 Document r	number: P97000	098515	
5. The name an	d street address of the current regis	stered agent and registere			
	GY Corporate Services, In-	c.			
	2 South Biscayne Blvd., Su	uite 3400			
	Miami, FL 33131		,		
6. The name an (if changed):	d street address of the new register			ice (
	Corporation Service Comp	any			
		Box NOT acceptable			1
	Tallahassee, FL 32301	Box NOT acceptable			•
The street address changed will	ess of its registered office and the	street address of the bus	iness office of its	registered ager	nt,
Such change wa authorized by the	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of di	rectors or by an of the change.	fficer so	
	R	Alaw 25	LER , Dine	ector & P,	rosi dent
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ag to comply with the provisions of a my dulies, and I am familiar with is document is being filed merely that the corporation has been not on Service Company	rent and agree to act in the all statutes relative to the and accept the obligation to reflect a change in the	his capacity. proper and compon of my position is a registered office	olete as registered	
		8'-	- 4- 201 Date	4	
(9)	mature of Registered Agent		Date		
If signing on be	chalf of an entity:				
Sylvia Quep					
T	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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