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(((H21000318142 3)))



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## REGISTERED AGENT CHANGE OFFSHORE MARINE PERFORMANCE, INC.

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RARCICHS

SEP 1.5 2021

I ALBRITTON

TO:

H210003181423

## COVER LETTER

Amendment Section

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

STATEMEN FOR CORPO	IT OF CHANGE OF R DRATIONS	EGISTERED OF	FICE OR REGISTERED	AGENT O	<b>R BOTH</b> H2100031814
statement of ch	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	ofF	this
1. The name of	the corporation: OFFSH	ORE MARINE F	PERFORMANCE, INC.		
	l office address: 7811 N				
		FL <u>331</u> 66			<u>-</u>
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification:	01/17/1991	Document number:	S256	
	ad street address of the cur artment of State: (If resign		nt and registered office on fi	le with the	2021 SEP 1
	None				写.
			·		•
					AH 10: 33
5. The name an (if changed):			(if changed) and /or registere	d office	· · · · · ·
	17888 67th Court No	orth		<del></del>	
	Loxahatchee, FL 334		KOT acceptable		
The street addr as changed wil	ess of its registered offic I be identical.	e and the street ad	dress of the business office	of its registe	red agent,
Such change wanthorized by t	as authorized by resoluti he board, or the corporat	on duly adopted b ion has been notif	y its board of directors or b ied in writing of the change	y an officer :	30
Signan	ure of an officer or director		Guillermo Toledo, Directo		
hereby accept	t the appointment as regi	אונותות וות זת אתחות	agree to act in this capacity is relative to the proper and tion of my position as regis egistered office address, I h	complete n	erformance Or, if this m that the
<u>.</u>	referred		August 24,		
\$2	mature of Registered Agent	<del></del>	Date	<u> </u>	
lf signing on be	chalf of an entity:				
Isabel Burgos or	n behalf of InCorp Services	, Inc.			
<u></u>	yped 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)