V07159

(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:				
,				

Office Use Only



800156383828

06/10/09--01044--016 **35.00

PILED

OPJUNIO AN 1:37

SECRETARY OF STATE
TALLAHASSEF FLORE

OR CIV.

COVER LETTER

TO: Amendment Se Division of Cor	ction porations		
SUBJECT:	MARINE SERVICING	CORPORATION Corporation	
		•	
DOCUMENT NUMBI			
The enclosed Statement	of Change of Registered Offi	ce/Agent and fee are submitt	ed for filing.
Please return all corresp	ondence concerning this matt	er to the following:	
	LUKE (C. LIROT ontact Person	
	Name of C	ontact reison	
	LUKE CHARL	.ES LIROT,P.A.	
	Firm/C	Company	
		ROAD, SUITE 190	
-	Ad	dress	
· 	CLEARWATER	, FLORIDA 33764	
	City/State	and Zip Code	
	LUKE@LIRO	OTLAW.COM	
E-m	nail address: (to be used for	future annual report notifi	cation)
For further information	concerning this matter, please	call:	
	E C. LIROT	at (727) Area Code & Daytin	536-2100
Name of	Contact Person	Area Code & Daytin	ne Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Depa	rtment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Sec	-4'- ·-
	Amendment Section Division of Corporations	Amendment Sec Division of Cor	
	P.O. Box 6327	Clifton Buildin	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	ange is submitted for a corp	poration organiz	, 607.1508, or 617.1508, F ted under the laws of the St ted agent, or both, in the St	ate of FLORIDA	
1. The name of	the corporation: MARIN	IE SERVIC	ING CORPORATIONS, TAMPA, FLORIDAS	ON	-
3. The mailing	address (if different): P.O	. BOX 69, LA	ND O'LAKES, FLORI	DA 34639	<i>-</i>
4. Date of incor	poration/qualification:	1992	Document number:	V01759	-
	d street address of the curre rtment of State: (If resigner		ent and registered office on	file with the	
	MELLISSA FOSTER	RESIGNE	D)	<u>. </u>	
	9625 WARE CIRCL	Æ		JAS 0	
	TAMPA, FLORIDA			CRE CRE	, i
6. The name and (if changed):		registered agent	(if changed) and /or registe	ASSEC OF THE PROPERTY OF THE P	
	LUKE C. LIROT	,		——————————————————————————————————————	4
	2240 BELLEAIR RO			37 IDA	; ·
	CLEARWATER, FLO	P.O. Box NOT: ORIDA 33764	•		
The street addr			ddress of the business offi	ce of its registered agent,	
Such change wanthorized by t	as authorized by resolution he board, or the corporation	n duly adopted on has been not	by its board of directors o	r by an officer so	
MAG.	The plan Officer or director	<u> LMAN</u>	M.R. Strong	Foster Jr, chairma	M
I further agrée of my duties, a document is be	to comply with the provis	ions of all statu accept the oblig a change in the	gation of my position as re registered office address,	nd complete performance gistered agent. Or, if this I hereby confirm that the	
	L Charles Ca gnature of Registered Agent	ut	6.3.00 Date		
If signing on b	ehalf of an entity:	I			
Luke ()	Mayles Livet				

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