

FD4000000613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

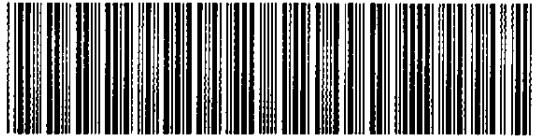
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 08 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2009

MYRA HOMER  
CAPITOL CORPORATE SERVICES, INC.  
800 BRAZOS, STE 400  
AUSTIN, TX 78701

SUBJECT: OCEANS CASINO CRUISES, INC.  
Ref. Number: F04000000613

We have received your document for OCEANS CASINO CRUISES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 909A00009676



**CAPITOL  
SERVICES**

**Statement of Change of Registered Office  
or Registered Agent or Both for  
Corporations**

**Capitol Corporate Services, Inc.**  
PO Box 1831  
Austin, TX 78767  
Phone: 800-345-4647 Fax: 800-432-3622  
regagent@capitol-services.com

**Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**DATE:** 3/30/2009  
**STATE:** FLORIDA  
**REP UNIT:** OCEANS CASINO CRUISES, INC.

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Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #16129 in the amount of \$10.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

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Capitol Corporate Services, Inc.  
Registered Agent Services

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OCEANS CASINO CRUISES, INC.  
(Name of Corporation)

DOCUMENT NUMBER: F04000000613

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:

Myra Homer  
(Name of Contact Person)

Capitol Corporate Services, Inc.  
(Firm/Company)

800 Brazos, Suite 400  
(Address)

Austin, Texas 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Myra Homer at ( 800 ) 345-4647  
(Name of Contact Person) (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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OCEANS CASINO CRUISES, INC.
2. The principal office address: 647 East Dania Beach Blvd.  
Dania Beach, FL 33004
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/26/2004 Document number: F04000000813
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Allison R. Day Esq.  
100 S.E. Second St., 44th FL  
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLZ DR STE A  
(P.O. Box NOT acceptable)  
TALLAHASSEE FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

STEPHEN GOLDSTEIN, CFO  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Delanie Case  
(Signature of Registered Agent)

3-13-09  
(Date)

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.  
(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 (8/05)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA