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SECRETARY OF STATE
AND AHASSEE. FLORIDA

T. CLINE
AUG - 3 2011
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUB		Stand Up Paddle Lessons L.L.C.
		Name of Limited Liability Company
Dear	Sir or Madam:	
The	enclosed Registered Agent/Re	gistered Office Change and fee(s) are submitted for filing.
Pleas	se return all correspondence co	oncerning this matter to the following:
	Louis C. Anders	on, Esq.
	Name of Person	
		J.D., P.L.
	Louis C. Anderson	J.D., P.L. 桑麗 各
	Firm/Company	TAS 1
	224 Commercial Blvd	J.D., P.L. AUG -2 顧 II: CRETARY OF STATE LAHASSEE. FLORID
	Address	PAT T
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	Lauderdale-by-the-Se	a. FL 33308
	City/State and Zip C	
	bwshaw@comer E-mail address: (to be used for future ar	ica.com
	E-mail address: (to be used for future ar	nual report notification)
For f	urther information concerning	this matter, please call:
	Louis C. Anderson	at (954) 772-8050
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDR	ESS: MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327
	Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Tahanassee, Florida 52501	
	Enclosed is a check for th	e following amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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,FL <u>33317</u>			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
city. I further agree to ormance of my duties, ent as provided for in the registered office riting of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00