Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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R. WHITE

: (850)878-5368 Fax Number

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REGISTERED AGENT CHANGE

MARINA ACQUISITION CORPORATION OF FLORIDA, INC.

Certificate of Status	0
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Corporate Filing Menu

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4/13/2016 2:43:26 PM From: To: 8506176380(2/2)

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

statement of cha	mge is submitted for a corporat	i, 617.0302, 607.1308, or 617.1308, Florida Statutes, this ion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: MARINA ACQU	UISITION CORPORATION OF FLORIDA, INC.	
= -	office address:	USTON, TX 77027	
3. The mailing a	ddress (if different):		
4. Date of incorporation/qualification: 9/22/1999 Document number: P99000084122		9 Document number: P99000084122	
	I street address of the current re tment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	
	NRAI SERVICES, INC		
	1200 South Pine Island Road Plantation, FL 33324		
6. The name and (if changed):	street address of the new regist	tered agent (if changed) and /or registered office	
c/o C T Corporation System, 1200 South Pine Island Road		0 South Pine Island Road	
	Plantation, Florida 33324	O. Box NOT acceptable	
The street addre as changed will	ss of its registered office and the identical.	he street address of the business office of its registered agent,	
Such change was authorized by the	s authorized by resolution duly e board, or the corporation has	y adopted by its board of directors or by an officer so been notified in writing of the change.	
Me	lexic Melar	Melissa Nolan Vice President	
Signatur	e of an officer or director	Printed or typed name and title	
I further agree to performance of to agent. Or, if this hereby confirm to	o comply with the provisions o my duties, and I am familiar w	agent und agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered ly to reflect a change in the registered office address, I notified in writing of this change.	
By:	store of Registered Agont	03/28/2016	
If signing on bel Angel Assistan	U		

* * * 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 (03/12)