Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

LLAHASSEE.FORIGE

Certification

Certified

Certified

REGISTERED AGENT CHANGE NAUTICAL OUTFITTERS CORP.

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Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$35.00	

Electronic Filing Menu

Corporate Filing Menu

Help

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 Statement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring	orida
1. The name of the corporation: Nautical Outfitters Corp.	
2. The principal office address: 1627 S. Dixie Highway, Pompano Beach, FL 33060	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/05/1999 Document number: P99000097	7690
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	he
Robert Devine	. ~
128 Waters Edge	SEC SEC
Jupiter, FL 33477	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SECRETARY OF STA
Corporation Service Company	
1201 Hays Street	
(P.O. Box, NOT acceptable)	聚. •
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	ficer so
Joseph J: Stefano Joseph L: STEFANO Management of an officer of directory (Printed or typed pains and title)	UP
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 complof my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	
Corporation Service Company By (Cone)	
If Signing on behalf of an entity: Kimberly B. Moret	
237 25 algeriume)	
* * * 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)