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CR2E031(1/95)		Examiner's Initials

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## 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, the undersigned corporation organized under the laws of the State of <u>FLORIDA</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: BROWARD MARINE, INC.

2. The mailing address of the corporation is: c/o HEATHER C. KEITH, ESO., HOLLAND & KNIGHT LLP, ONE EAST BROWARD BOULEVARD, SUITE 1300, FT. LAUDERDALE, FLORIDA 33301-4811

3. Date of incorporation/qualification: <u>02/18/1948</u> Document number: 154083

4. The name and address of the current registered agent and office:

MICHAEL W. BRINKLEY, ESQ.

200 EAST LAS OLAS BOULEVARD, SUITE 1800

FT. LAUDERDALE, FLORIDA 33301-4811

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

INTRASTATE REGISTERED AGENT CORPORATION

701 BRICKELL AVENUE, SUITE 3000

MIAMI, FLORIDA 33131

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.

FRANK A. DENISON, SR., PRESIDENT	-
(Signature of an officer, chairman or vice chairman of the board)	
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(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

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(Signature of Registered Agent) Vice P	resident (	Date)		
If signing on behalf of an entity:				
STEVEN H. HAGEN	7	VICE PRESIDENT	-	
(Typed or Printed Name)		(Capacity)	·	 

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

CR2E045(7/97)