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(Requestor's Name) /

(Address)

(Address)

(City/State/Zip/Phone #)

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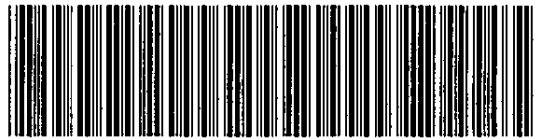
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 28 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Yacht-Mate Products, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B06000000153

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Cathy Farmer

Contact Person

Yacht-Mate Products, Ltd.

Firm/Company

5405 Bandera Road, Suite 128

Address

San Antonio, Texas 78238

City, State and Zip Code

cfarmer@texsonwater.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Farmer

Name of Contact Person

at ( 210 )

587-3456

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

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TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Yacht-Mate Products, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. March 27, 2006 3. B06000000153  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Capitol Services  
Name  
155 Office Plaza Drive, Suite A  
Address  
Tallahassee, FL 32301  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Sandra Hoekstra  
Name  
3200 S. Andrews Ave, Suite 105  
Florida street address (P.O. Box not acceptable)  
Ft. Lauderdale FL 33316  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

for Yacht-Mate GP, LLC

*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 obligations of my position as registered agent.*

Sandra Hoekstra  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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