F040000006/3

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
- PICK-UP WAIT MAIL
•
(Business Entity Name)
•
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800063411608

01/11/06--01037--025 **35.00

DE JAN II AM 7:58

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: OCEAN CASINO CRUISES, INC. (Name of Corporation)
DOCUMENT NUMBER: F04000000613
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
The second secon
ALLISON R. DAY
(Name of Contact Person)
Genovese Johlove & Battista P A
Genovese Joblove & Battista, P.A. (Firm/Company)
100 Southeast Second Street, 44th Floor (Address)
Miami, FL 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
Allison R. Day, Esq. at (305) 349-2300 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Fig. 100 and 1
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OCEAN CASINO CRUISES, INC.
2. The principal office address: 647 East Dania Beach Blvd., Dania, FL 33004
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/26/2004 Document number: F04000000613
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
J. Reid Bingham
100 Southeast Second Street, 36th Floor
Miami, Florida 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Allison R. Day, Esq.
100 Southeast Second Street, 44th Floor
(P.O. Box NOT acceptable) Miami, FL 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, or the corporation has been notified in writing of the change.
(Signature of an officer of director) (Printed or typed name and title)
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. Or, if this document is being filled merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Allison R. Day, Esq. (Typed or Printed Name)

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