## F04000001009

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
•	,	
(Cit. 16	N-4-17: (Db	- 40
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
(5000	mont trainiboly	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
•		
	•	
<u> </u>		

Office Use Only



300138315703

Charle

12/10/08--01013--013 \*\*35.00

FILED
2000 DEC 10 PH 1: 36
SECRETARY OF STATE

12/15/08

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	•
SUBJI	ECT: UCUACHEN YACHT E	ALES TNC poration)
DOCU	MENT NUMBER: F400000100	A
The en	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter t	o the following:
	Arlene M	cMachen
	Arlene M (Name of Cont	act Person)
	McMachen Ya (Firm/Con	acht Sales, Inc.
	(FRIII/Coll	ipany)
	Bahia Mar Yachting Center, (Addre	801 Seabreeze Bouleavard
-	Ft. Lauderd (City/State and	ale, FL 33316 (Zip Code)
For fu	rther information concerning this matter, please ca	n:
	Arlene McMachen (Name of Contact Person)	at ( 954 ) 850-3550 (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Departn	nent of State.
	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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Michigan is to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: McMachen Yacht Sales, Inc.
2. The principal	office address: 2015 SW 20th Street, Suite 102, Ft. Lauderdale, FL 33315
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 2/13/04 Document number: F4000001009
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Arlene McMachen ·
	2015 SW 20th Street, Suite 102, Ft. Lauderdale, FL 33315
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Ariene McMachen 753
	Bahia Mar Yachting Center (P.O. Box NOT acceptable)
	801 Seabreeze Boulevard, Ft. Lauderdale, FL 33316
	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- (Signati	Glenn McMachen  ture of an officer or director)  Glenn McMachen  (Printed or typed name and title)
I hereby accept I further agree of my duties, ar document is be corporation has	t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this inglfiled merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
1 the	McMace 11.00.08
·	ignature of Registered Agent) (Date)
If signing on be	ehalf of an entity:
	Árlene McMachen (Typed or Printed Name)

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