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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Pleasure Island Yachting, Inc.

Name of Corporation

DOCUMENT NUMBER

F05000007183

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:

Robert S. Berg

Name of Contact Person

Pleasure Island Yachting, Inc.

Firm/Company

9500 S. Dadeland Blvd., Suite 800

Address

Miami, FL 33156

City/State and Zip Code

dharpie@sailormen.com

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

For further information concerning this matter, please call:

Robert S. Berg

,305

671-6430

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State o registered agent, or both, in the State o	Rhode Island	
1. The name of t	he corporation: Pleasure Islan	nd Yachting, Inc.		
2. The principal	office address: 155 South Ma	in Street, #301, Providence,	RI 02903	
3. The mailing a	ddress (if different): 9500 S. D	adeland Blvd., #800, Miami,	FL 33156	
4. Date of incorp	poration/qualification: 12/12/20	Document number: F050	000007183	
	I street address of the current regist timent of State: (If resigned, enter i	tered agent and registered office on file resigned)	with the	
	CT Corporation System	(RESIGNED)	聖皇五	
	e and street address of the current registered agent and registered office on file with the Department of State: (If resigned, enter resigned) CT Corporation System (RESIGNED) 1200 South Pine Island Road Plantation, FL 33324 e and street address of the new registered agent (if changed) and /or registered office			
	Plantation, FL 33324	······································	CF S	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered (office ORIDA	
	Donald H. Whittemore		<u> </u>	
	Phelps Dunbar LLP			
P.O. Box NOT acceptable				
	100 South Ashley Dr., #	·	_	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent,	
Such change was authorized by the	as authorized by resolution duly ac be beard, or the corporation has be	dopted by its board of directors or by a sen notified in writing of the change.	n officer so	
	MESTS	Robert S. Berg		
I hereby accept I further agree to performance of	my duties, and I am tamiliar with	Printed of typed name and ent and agree to act in this capacity. It statutes relative to the proper and co and accept the obligation of my positi to reflect a change in the registered of ified in writing of this change.	omplete on as registered	
How	16/18/16/2	1-21-13		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Donald H. \				
T	yped or Printed Name			

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