

Division of Corporations **Electronic Filing Cover Sheet**

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REGISTERED AGENT CHANGE SOUTH WEST INTERNATIONAL BOAT SHOW INC

Certificate of Status	0
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C LEWIS

11/4/2015

11/4/2015 9:36:17 AM From: To: 8506176380(2/3) *; COVER LETTER TO: Amendment Section Division of Corporations SOUTH WEST INTRNATIONAL BOAT SHOW, INC. Name of Corporation DOCUMENT NUMBER:_ 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: JAN CAMPBELL Name of Contact Person Firm/Company 364 CHAPALA POINT SE Address CALGARY ALBERTA CANADA T2X 0A2 City/State and Zip Code JCAMPBELL@COMPLYINC.CA E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAN CAMPBELL 519-9355 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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		502, 607.1508, or 617.1508, Florida Statutes, this mixed under the laws of the State of TEXAS	•
-		ttered agent, or both, in the State of Florida.	-
-	of the corporation: SOUTH WEST INTERN		
			73
2. The princip	pal office address: and OS Mid (VA) 131	E 201E, NORTH PALM BEACH, FLORIDA 33408-46	
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: JULY 28, 2009	Document number: F11000005	742
	and street address of the current registered sartment of State: (If resigned, enter resign	agent and registered office on file with the ed)	
•	RESIGNED		
			1 5
			NON
6. The name a (if changed)	nd street address of the new registered age	ent (if changed) and /or registered office	11- A
	C T Corporation System		P
	c/o C T Corporation System, 1200 South I	Pine Island Road	9
•	P.O. Box NO	T acceptable	5
	Plantation, Florida 33324	· .	_
The street add as changed wi	ress of its registered office and the street il be identical.	address of the business office of its registered ager	nt,
Such change vauthorized by	vas authorized by resolution duly adopted the board, or the corporation has been no	t by its board of directors or by an officer so utilized in writing of the change.	
Alon	Vamakell.	JAN CMAPBELL, ASSISTANT SECRETARY	
I heroby accept further agree of performance of agent. Or, if it hereby confirm	inge on an oring or unitarial	Printed or typed name and tille d agree to act in this capacity, utes relative to the proper and complete accept the obligation of my position as registered act a change in the registered office address, I n writing of this change.	
CTC	rporation System	•	
By: Niede Crosses	M. Assistant Secretary grature of Registered Agent	11/3/2015 Date	
If signing on b	chalf of an entity:		
	Typed or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)