## F13000003557

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT. EDGE YACHTS LTD. CORP.

Name of Corporation

OCUMENT NUMBER: F13000003557

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:

Sheila Deleon

Name of Contact Person

Moore & Company P.A.

Firm/Company

255 Aragon Ave. Third Floor

Address

Coral Gables, FL 33134

City/State and Zip Code

sdeleon@moore-and-co.com

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

For further information concerning this matter, please call:

Sheila DeLeon

786 (221-060)

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	Fovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute nge is submitted for a corporation organized under the laws of the State of $\Box$ elaw	are	_
<del></del>	r to change its registered office or registered agent, or both, in the State of Florida	a.	
1. The name of t	he corporation: EDGE YACHTS LTD. CORP		
	office address: 3511 SILVERSIDE ROAD, SUITE 105		
	ddress (if different): 1041 SE 17TH STREET, SUITE 101		
	JDERDALE, FL 33316		
4. Date of incorp	poration/qualification: 8/20/2013 Document number: F1300000	3557	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	:	
	MOORE & CO., P.A.	<del></del>	NE .
	355 ALHAMBRA CIRCLE, SUITE 1100	6 NOV -7	SECTE SECTE
	CORAL GABLES, FL 33134	-7	역한
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	PM 1: 50	OF STATE
	255 ARAGON AVENUE, 3RD FLOOR		
	P.O. Box NOT acceptable		
	CORAL GABLES, FL 33134		
The street addre	ess of its registered office and the street address of the business office of its registered.	stered age	nt,
	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.		
Shara Keny	un Amarical Aprelantation Many De Con America.	ed Agn	Ventatry
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	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 my duties, and I am familiar with and accept the obligation of my position as rest adocument is being filed merely to reflect a change in the registered office add that the corporation has been notified in writing of this change.		
	11-3-2016		
Signature of Registered Agent Date			
If signing on be	half of an entity:		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)