T0200000005673

Address

City/State/Zip Phone #

000002677930--E -11/02/98-+01087--005 *****280.00 ******35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1 | (Corporation Name) | (Docu | ment #) | | | |
|-----------|--------------------|-----------|-----------------------|----------------------|----------|--|
| 2 | (Corporation Name) | (Docu | ment #) | | | |
| 3 | (Corporation Name) | (Docu | ment #) | - <u> </u> | | |
| 4 | (Corporation Name) | (Docu | ment #) | LAMPAS | - AON 86 | |
| ☐ Walk in | Pick up time | | Certified Copy | TARY OF STANSEE, FLO | -2 PM 2 | |
| Mail out | ☐ Will wait | Photocopy | Certificate of Status | TATE JRIDA | 2: 53 | |

| NEW FILINGS | | |
|-------------|-------------------|--|
| | Profit | |
| | NonProfit | |
| | Limited Liability | |
| | Domestication | |
| | Other | |

| AMENDMENTS |
|--|
| Amendment |
| Resignation of R.A., Officer/ Director |
| Change of Registered Agent |
| Dissolution/Withdrawal |
| Merger |

| OTHER FILINGS |
|------------------|
| Annual Report |
| Fictitious Name |
| Name Reservation |

| REGISTRATION/ QUALIFICATION |
|-----------------------------|
| Foreign |
| Limited Partnership |
| Reinstatement |
| Trademark |
| Other |

Jack Son

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State Florida. | | | | |
|---|--|--|--|--|
| 1a. The name of the corporation is: | LONGBOAT DEVELOPMENT, INC. | | | |
| ra. The halle of the corporation is. | | | | |
| 1b. Date of incorporation: 12-14-9 | 3 Document number F93000005673 | | | |
| 2. The name and address of the curre | | | | |
| 1201 HAYS STREET, SUITE | 105, TALLAHASSEE, FLORIDA 32361 | | | |
| 3. The name and address of the new (P.O. Box Not Acceptable | The state of the s | | | |
| NRAI Services, Inc. | mo v m | | | |
| 526 East Park Avenue, Tallahassee, Fiorida 323 | | | | |
| of its registered agent as changed will | tion duly adopted by its board of directors or by | | | |
| SIGNATURE (0 22) (8) DATE | Bruce D. Saher Vice Presiclent Typed or printed name and title | | | |
| PROCESS FOR THE ABOVE STATED OF IN THIS CERTIFICATE, I HEREBY ACCURAGENT AND AGREE TO ACT IN THIS WITH THE PROVISIONS OF ALL STATES | ED AGENT AND TO ACCEPT SERVICE OF CORPORATION AT THE PLACE DESIGNATED SEPT THE APPOINTMENT AS REGISTERED CAPACITY. I FURTHER AGREE TO COMPLY TUTES RELATIVE TO THE PROPER AND COMPLY AS REGISTERED AGENT. NRAI Services, Inc. SIGNATURE By: (Registered Agent) ASST. SEC'Y | | | |

CR2E045 (7-91)

FILING FEE: \$35.00