98000005358



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION <

COST LIMIT

ORDER DATE: January 30, 2002

ORDER TIME : 5:02 PM

ORDER NO. : 159708-365

CUSTOMER NO:

7309272

100005175991---7

CUSTOMER: Mr. Scott Tilley

Marinemax

18167 U.s. 19 North

Suite 499

Clearwater, FL 33764

CHANGE OF AGENT

NAME:

NEWCOAST FINANCIAL SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

DIVISION OF CORPORATION

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

	ovisions of sections 607.0502, 617.0502, poration organized under the laws of the	607.1508, or 617.1508, Florida Statutes, State of Delaware
submits the followir the State of Florida.	ng statement in order to change its regis:	tered office or registered agent, or both, in
1. The name of the	corporation: NEWCOAST FINANCIAL SERV	VICES, INC.
2. The mailing addr	ress of the corporation: 18167 U.S. 19	North, Suite 499
3. Date of incorpor	ration/qualification: 9/24/1998	Document number: F98000005358
4. The name and ad	dress of the current registered agent and	office:
<u>C</u> T	Corporation System	20
120	0 South Pine Island Road	SET E
Pla	ntation, FL 33324	
5. The name and ad	dress of the new registered agent (if char (P. O. Box Not Accep	
Cor	poration Service Company	<u> </u>
120	1 Hays Street	
Tal	lahassee, Florida 32301	
The street address agent, as changed,	of its registered office and the street add will be identical.	ress of the business office of its registered
Such change was a authorized by the b	nuthorized by resolution duly adopted by	its board of directors or by an officer so
(Signature of ar	n officer, chairman or vice chairman of the board)	(pate)
	sistant Secretary (Printed or typed name and title)	
Having been name corporation, I here I further agree to coperformance of my registered agent.	ed as registered agent and to accept serveby accept the appointment as registered comply with the provisions of all statutes addition, and I am familiar with and acce	ice of process for the above stated I agent and agree to act in this capacity. I relative to the proper and complete Opt the obligation of my position as
Laura E	ature of Registered Agent)	3/27/02 (Date)
If signing on behalf of	f an entity:	Laura R. Dunlap
Corporation Serv	ice Company ed or Printed Name)	Asst. Secretary (Capacity)
(*)F	* * * FILING FEE: \$35	

CR2E045(9/00)