#330%

(Requestor's Name)
£
Augusta Of Trace
GA 30907
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
: (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000132929740

07/16/08--01008--012 **35.00

Secretary of State Allahassee. Florida

PACh9 CRES/14



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 17, 2008

PETER HUGHES DIVING, INC. 209 HUDSON TRACE AUGUSTA, GA 30907

SUBJECT: PETER HUGHES DIVING, INC.

Ref. Number: H33096

We have received your document for PETER HUGHES DIVING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 108A00041878

SECRETARY OF STATE AND SECRETARY OF SECRETARY OF SECRETARY OF SECRETARY OF SECRETARY OF SECRETARY OF SECRETARY OF

00:8 HA 11 904 8:00

A CELLAL

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

statement of cha	provisions of sections 60 ange is submitted for a co er to change its registered	rporation orga	nized under the laws	of the State of Flori	ida	
1. The name of	the corporation: Peter Hu	ghes Diving, Inc	•			
2. The principal	office address: 15291 N.	W. 60th Avenue				
	Miami L	akes, FL				
3. The mailing a	address (if different):	209 H	Judson Trac	e		
-	address (if different):	Augusta	,6A 3090'	7		
	poration/qualification: 12	*	Document nur		·	
	d street address of the cur	rent registered a	gent and registered	office on file with th	ne	
	Ira Cohen, Esq.					
	18001 Old Cutler Road,	Suite 600	, , , , , , , , , , , , , , , , , , , ,		₹ ₆ &	
	Miami, FL 33157				E-53 E	
6. The name and (if changed):	d street address of the nev	v registered age	nt (if changed) and /	or registered office	OR AUG 11 PH SECTOBIARY OF TALLAHASSEE	
		C T Corporat	ion System		E 5 4	
	c/o C T Corporation System, 1200 South Pine Island Road					
	(P.O. Box NOT acceptable)					
		Plantation, Flo	orida 33324			
The street addre	ess of its registered offic be identical.	e and the street	address of the busi	ness office of its re	gistered agent,	
	as authorized by resolutine board, or the corporat					
(Signati	are of an officer or director)		Wayne	B. Brown	и	
I hereby accept I further agree to of my duties, and document is bei	the appointment as regi to comply with the provi dI am familiar with and ng filed merely to reflec been notified in writing	stered agent ar sions of all star d accept the ob t a change in th g of this change	nd agree to act in th tutes relative to the ligation of my positi ue registered office to			
By: Jana	CT Corporation System O O O O O O O O O O O O O	ll_	8408			
	pnature of Registered Agent) half of an entity:		A. Burke stant Secretary	(Date)		
Barbara A. Burke	e, Special Asst. Secretary		,			
(7	yped or Printed Name)					
	* 1	* * FILING FE	EE: \$35.00 * * *	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)