(F	Requestor's Name)				
(Address)					
(/	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
J)	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

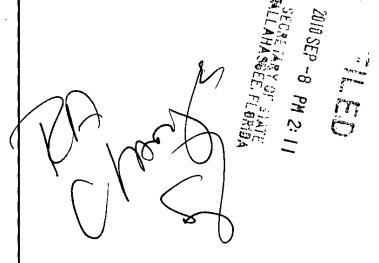
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COVER LETTER

TO:	Amendmen Division of	t Section Corporations	ę.						
suвл	SUBJECT: ACTION MARINE ENTERPIRSES, INC. Name of Corporation								
DOCU	IMENT NUI	MBER:	J43886						
The en	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.								
Please	return all cor	respondence concerning this matt	er to the following:						
		KATHRYN PFIRE Name of C	RMAN, PRESIDENT ontact Person						
	ACTION MARINE ENTERPRISES, INC.								
			Company						
		288 HARRI	OR BLVD. #B						
	•		dress						
		DESTIN	, FL 32541						
	•	City/State	and Zip Code						
GREENG@CCMECH.COM E-mail address: (to be used for future annual report notification)									
For fu	rther informa	tion concerning this matter, please	e call:						
	GF	REGORY GREEN	at (404)	597-8220					
	Nan	ne of Contact Person		time 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 Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling Ive Center Circle					

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

statement of cha	mge is submitted for a co	rporation organize	507.1508, or 617.1508 , Florida , d under the laws of the State of $_$ d agent, or both, in the State of I	FLORID		_
1. The name of	the corporation: ACTIC	N MARINE	ENTERPRISES, INC.			
2. The principal	office address: 288 HA	RBOR BLVD#	B, DESTIN, FL 32541			
3. The mailing a	address (if different): SA	ME				
4. Date of incor	poration/qualification:	11/24/1986	Document number:	J438	386	
	d street address of the current of State: (If resigne		nt and registered office on file w	ith the		
	KATHRYN M. GRE	EN		_		
	516 OSCEOLA DR			_		
	DESTIN, FL 32541					
6. The name and (if changed):	i street address of the nev	v registered agent (if changed) and /or registered of	FIGURE I	2010 SEP	516.7. mate.
	KATHRYN PFIRRI	MAN			8	(carryen
	516 OSCEOLA DR			_ P.	2	
	DESTIN, FL 32541	P.O. Box NOT ac	сертавле	PRIDA	2: 11	
The street addr	ess of its registered offic be identical.	e and the street ad	dress of the business office of	its registe	red age	nt,
	,		y its board of directors or by a lied in writing of the change.			
- Jigna	n of an otticer or director		GREGORY GREEN, S		ARY	_
I hereby accept I further agree of my duties, a document is be	<i>1</i> ' '	istered agent and d isions of all statute d accept the oblige of a change in the r g of this change.	agree to act in this capacity. Is relative to the proper and co ation of my position as register registered office address, I here	emplete pe ed agent. eby confir	rforma Or, if i m that	nce this the
// &	gnature of Registered Agent		Date			
111	ehalf of an entity:					
GRE		set Sochmi	syscush			

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