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ECRETAKY OF STATE ALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is	S: BOAT LIFT BARN, L.L.C.	· · · · · · · · · · · · · · · · · · ·	
2. The mailing address of the limited liability of	company is : POST OFFICE B	OX 1283	
DESTIN, FLORIDA 32540			
	1,00000010400		
APRIL 7, 2003	L03000012460		
3. Date of filing/registration in Florida	4. Document nun	4. Document number	
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown of	on the records of the	
THEODORE M	PERKINS, JR.		
•	Name		
320 HIDEAWAY BAY DRIVE			
	Address		
DESTIN, FLORIDA 32540			
	y, State and Zip	TASE SE	
6. The name and address of the new registered agent and/or office:		FI OG JUL SECREI TÄLLAH	
KEITH ROBERTSON		13 AF AASSEE, ASSEE,	
	Name	E D	
6909 NORTH LAGOON		五公二	
Florida street addre	ess (P.O. Box NOT acceptable)	AM 11: 42 AM 11: 42 SEE, FLORID	
PANAMA CITY	_{FL} 32408	D'	
City, State and Zip			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of authorized representative of a member)

THEODORE M. PERKINS, JR.

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limitity company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00