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MK





ACCOUNT NO. : 072100000032

4327968 REFERENCE : 350439

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: December 8, 2003

ORDER TIME: 10:37 AM

ORDER NO. : 350439-020

CUSTOMER NO: 4327968

CUSTOMER: Ms. Stacy L. Geary

Raynor Law Firm, P.a. 14241 U.s. Hwy 1

Juno Beach, FL 33408

## CHANGE OF AGENT

NAME: COMMODORE MARINE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_ CERTIFIED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 1149

EXAMINER:

## 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 limite	d liability company is:	COMMO	OORE MARINE, LLC	
2. The mailing address of	Tthe limited liability con	npany is : _	4500 PGA BOULEVARD	, SUITE 206,
PALM BEACH GARDE				
MAY 14, 2003		<del>,</del>	L03000017295	, <u>, , ,</u>
3. Date of filing/registrati	on in Florida		4. Document number	03
5. The name of the registe Florida Department of S	red agent and the registors State: JACK B. OWEN, JR		address as shown on the rec	ords of the T
	4500 PGA BOULEV	Name 'ARD, SUI	TE 206	里里
	PALM BEACH GAR	Address DENS, FL	33418	E TO
	City, S	State and Zi	p	r meet recording to the second
6. The name and address of the new registered agent and/or office:				
	JEFFREY S. RAYNO	OR		
	14241 U.S. HIGHW	lame AY ONE		·
	Florida street address	(P.O. Box I	NOT acceptable)	<del>-</del>
	JUNO BEACH	FL 33408	3	
	City, Sta	ate and Zip		<del>-</del>
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of	pany is not organized un nange or changes are ma the registered agent will eby confirmed that the o d liability company or as f the limited liability con	nder the lav de, the Flor I be identica change(s) w s otherwise mpany.	vs of the State of Florida, it ida street address of the regal. Or, in the case of a Flori as/were authorized by an af provided in the articles of o	is hereby istered office da limited firmative vote of organization or
(Signature of member or authori	zed representative of a member	)	t Server	
JEFFREY S. RAYNOR	, Authorized Represe	ntative		
(Printed or typed name of signee)	<del></del>	<del></del>		, Ag. C.
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or if the address, I hereby confirm	ntment as registered age s of all statules relative l accept the obligations his document is being fl that the limited liability	ent and agre to the prope of my posit led to mere company h	ee to act in this capacity. I er and complete performant ion as registered agent as p ly reflect a change in the rel as been notified in writing (	further agree to ce of my duties, provided for in gistered office of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

(Signature of Registered Agent)