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TRANSMITTAL LETTER

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TO:

Registration Section Division of Corporations

2005 JUN 17 A 10: 18

SUBJECT: Good Tin	ne Charters and Tours		CEOD! TO DAY A TO
		mited Liability Company)	SECRETARY OF S TALLAHASSEE, FL
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Michael Denegre		
	Ó	Name of Person)	
Good	Time Charters and Tours	Firm/Company)	
	,	rnincompany)	
440 Bonit	a Street Apt#2		
	•	(Address)	
Ft	Myers Beach FL 33931		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Michael Denegreat (239) 218-8014			
	(Name of Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	27 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2005 JUN 17 A 10: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

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: Good Time Charters and Tours 2. The mailing address of the limited liability company is: 17237 Orlole Rd Ft Myers FL 33912 G03254700050 9/11/03 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Jay Holloway Name 17237 Orlole Rd Address Ft Myers FI 33912 City, State and Zip 6. The name and address of the new registered agent and/or office: Michael Denegres 440 Bonita St. Apt #2 Florida street address (P.O. Box NOT acceptable) Ft Myers Beach City, State and Zip 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 or authorized representative of a member) Jay Holloway (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 auties, 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 liability company has been notified in writing of this change.

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

INHS18(10/99)

(Signature of Registered Agent)