1040000 32596

| (Re | equestor's Name) | | | |
|---|------------------|-----------|--|--|
| (Address) | | | | |
| (Ac | idress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Do | ocument Number) | ; | | |
| Certified Copies | Certificates o | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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| Office Use Only | | | | |



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M. THOMAS

JUL 6 2009

EXAMINER

COVER LETTER ..

| TO: | Registration Section Division of Corporations | | | |
|--------|--|--|---|-----------------------|
| SUBJ | | | arty Cruises, LLC | |
| | Name of L | imite | ed Liability Company | |
| Dear S | Sir or Madam: | | | |
| The e | nclosed Registered Agent/Registered O | ffice | c Change and fee(s) are submitted for filing | ·• |
| Please | e return all correspondence concerning | this n | matter to the following: | |
| | Kathleen Mittelhauser Name of Person | | SECRE AHAS | 18 1 - 2 1 - 2 |
| | Bandit Party Cruises, LLC Firm/Company | | | TIES JUL -2 HI IO: 33 |
| | 3351 Marinatown Lane #200 | <u>) </u> | | P |
| | N Fort Myers, FL 33903 City/State and Zip Code | | | |
| E | GGyarmathy@aol.com -mail address: (to be used for future annual report no | otificati | tion) | |
| For fu | orther information concerning this matter | r, ple | ease call: | |
| | Kathleen Mittelhauser | _at (_ | 239 997-8999 Area Code & Daytime Telephone Number | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| | Enclosed is a check for the followin | g am | nount: | |
| | \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | ř |

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.

| agent, or both, in the state of Ftortaa. | | | | |
|--|---|--|--|--|
| Name of the limited liability company: | Bandit Party Cruises, LLC | | | |
| 2. (a) Principal office address of limited liability company: | | | | |
| (Note: MUST BE STREET ADDRESS) | 3351 Marinatown Lane #200 North Fort Myers, FL 33903 | | | |
| (b) Mailing address of limited liability company: | | | | |
| (Note: MAY BE POST OFFICE BOX) | 3351 Marinatown Lane #200 North Fort Myers, FL 33903 | | | |
| 4/28/2004 | L04000032596 | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State: | | | | |
| Registered Agent: | James P. Gyarmathy | | | |
| Registered Office Address: | North Fort Myers, FL 33903 | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | | | |
| NEW Registered Agent: | Gary S. Gyarmathy | | | |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3351 Marinatown Lane #200 | | | |
| | North Fort Myers ,FL 33903 | | | |
| 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 organization of the limited liability company. Signature of a member or authorized representative of a member | | | | |
| Gary S. Gyarmathy Printed or typed name of signee | <u></u> | | | |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp | d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change. | | | |

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

Agent