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PICK-UP WAIT MAIL
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SECRETÁRY OF STATE TALLAHASSEE, FLORIDA

104-38195 OH

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Howard America LC (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to the following:	
Mark Milburn (Name of Person)  Howoboat America UC (Firm/Company)  4638 Secret River Trail	2006 AUG 21 SECRETAR TALLAHASS
(Address)  Port Grange FC 32129  (City/State and Zip Code)	PM 12: 55 RY OF STATE SEE.FLORIDA
For further information concerning this matter, please call:	
Mark 2016/100 138/01 201-71	C21

# STREET/COURIER ADDRESS:

(Name of Person)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

### **MAILING ADDRESS:**

(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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:	Houseboat P	toroxica LLC
2. The mailing address of the limited liability company	y is: 4638 Secre	et River Tra
Port Orange, FL 3212		
S-21-04  3. Date of filing/registration in Florida	LO40000 4. Document number	
5. The name of the registered agent and the registered of Florida Department of State:    Friebis   Name   3890   Turkle	aniel S. Creek Dr. St	
6. The name and address of the new registered agent are  Name  HU38 Secret  Florida street address (P.O.  Port Orange FL  City, State are	River Trail Box NOT acceptable)	2006 AUG 21 PM 12: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as of the limited liability company or as or the operating agreement of the limited liability company.	the laws of the State of Floring Florida street address of the dentical. Or, in the case of a ge(s) was/were authorized by otherwise provided in the art	he registered office a Florida limited y an affirmative vote
(Printed or typed name of signee)  I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	—— nd agree to act in this capac e proper and complete perfo y position as registered agen o merely reflect a change in i pany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.

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

(Signature of Registered Agent)