L04000061391

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DIVISION OF CONFUNCTION

BECKLIDE THE STATI

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

handen Bootworks, SSC	FILED PH 3: 58 SECRETATE A SECRETATE SEC. FLORIDA	
Signature Requested by: Date Time Ti	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

nability company such agent, or bolk, in the S	ntis the Jollowing state itale of Florida.	116 or 608.508, Florida Statu ment in order to change its re	Exteren office or vestimizen
1. The name of the lin	nited liability company i	is: Gordon Boatworks, LLC	<u> </u>
2. The mailing address	s of the limited liability	company is : 163 Poinclans	Road, Edgewater,
Florida 31414		·	
08/19/2004		L040000613	191
3. Date of filing/regis	ration in Florida	4. Document	number
5. The name of the reg Florida Department	ristered agent and the re- of State: Tom Gordon	gistered office address as show	on the records of the
	163 Poinciana ro	Name Sad	O5 TAL
	Edgewater, FL	Address 32141 ity, State and Zip	TIL PH 3: 58 SECKLISSEE FLORIDA TALLAHASSEE FLORIDA
6. The name and adding	os of the new registered		SEE
O. 1745 HALLE SHALL SHALL	James S. Morris		FES 3
	420 S. Nova Ros	;; 58 TATE ORIDA	
•		ress (P.O. Box NOT acceptable	
	Edg ewa ter,	FL 32141	
	City	y, State and Zip	
confirmed that after the and the business office liability company, it is the members of the limite operating agreement.	e change or changes are e of the registered agent s hereby confirmed that	,	os of the registered office use of a Florida limited ized by an affirmative vote of
Tem Gorden	• .		
(शिकासर्व पर एप्रास्त्रचे कारामण को सं			
I hereby accept the a comply with the prayl and I am familiar wid Chapter (18, 1.5. Or address, I haveby con	ppointment as registered from of all statutes related grad accept the obligation of this document is believed that the indicate similar than the control of	d agent and agree to act in this live to the proper and complet fions of my polition as register on filed to merely reflect a cha bility company has been notifie	copacity. I further agree to e parformance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.
(Signature of Registered Age	L L		
Die	• •	, P.O. Box 6327, Tallabassee,	FL 32314
Dillet a (1000)	FL	Ling Fee: \$35.00	