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SECRETARY OF STATE

COVER LETTER

Division of Corporations		
	te Festivals LLC. f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	1 Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Scott Bekasi		
(Name of Person)		
Florida Pirate Festivals LL	LC.	
PO BOX 40094		
(Address)		
St. Petersburg, Florida, 33743	3-0094	
(City/State and Zip Code)		
For further information concerning this mat	itter, please call:	
Scott Bekasi	at (727) 644-6028	
(Name of Person)	(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 following	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section

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: Florida Pirate Festival LLC.	
2. The mailing address of the limited liability		ersburg FL,33743-009
November 1, 2004	L04000079224	<u> </u>
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown on the	e records of the
•	t J. Doherty	
	Name	
12168 70th St. North		
	Address	
Largo FL. 33773		0
Cit	y, State and Zip	∑ S
6. The name and address of the new registered agent and/or office:		SION OCT
Scott	Bekasi	25 平元
	Name	· -<;
	Ave. South	7. 3 tm.
Florida street addre	ess (P.O. Box NOT acceptable)	AH IO:
Gulfpo	ort, FL 33707	3
City,	, State and Zip	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the office of the members of the limited liability company or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member of of a	made, the Florida street address of the will be identical. Or, in the case of a he change(s) was/were authorized by any or as otherwise provided in the articular company.	registered office Florida limited an affirmative vote
S /- T /	,	
(Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes relate and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability	agent and agree to act in this capacitive to the proper and complete perform ons of my position as registered agent g filed to merely reflect a change in the lity company has been notified in writi	v. I further agree to nance of my duties, as provided for in e registered office ing of this change.
(Signature of Registered Agent)		

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