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SECRETARY OF STATE

SALI ANASSEE. FLORID.

C. LEWIS

JUN 1 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	A1 Cruises, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered A	gent/Registered O	ffice C	hange	and fee(s)	are submitted for filing.
Please return all correspon	dence concerning t	his ma	tter to	the follow	/ing:
	A. Raleigh			_	
Name	e of Person				
A1 C	ruises, LLC			_	
t.ttiir	Company				
	enue South, #501			_	
	urg, Florida 3370° and Zip Code	1		_	
E-mail address: (to be used	ISES. COM or future annual report no	diffication	1)	_	
For further information concerning this matter, please call:					
Ruth A. Ra	leigh	at (727)	821-3560
Name of Perso	n	(Area Code &	821-3560 Daytime Telephone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	iions ter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
\$25 Filing Fee			<u></u> \$5	55 Filing F	ee & 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.

again, or own, mine state sy t is the					
Name of the limited liability company:	A1 Cruises, LLC				
2. (a) Principal office address of limited liability compar	ny:				
(Note: MUST BE STREET ADDRESS)	200 2nd Avenue South, #501 St. Petersburg, Florida 33701				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	200 2nd Avenue South, #501 St. Petersburg, Florida 33701				
May 13, 2005	LG5000049858				
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 by State					
Registered Agent:	Alan F. Gonzalez, Esquire				
Registered Office Address:	Alan F. Gonzalez, LL.M., P.L. 19110 Fern Meadow Loop Lutz, Florida 33558-4002				
(b) Enter name of NEW Registered Agent and/or NE					
NEW Registered Agent:	ALAN F. GONZALEZ, ESSNIRE				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o Walters Levine, et al. 601 Bayshore Blvd., Suite 720 Tampa ,FL 33606				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization				
Ruth A. Raleigh Printed or typed name of signee	-				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to n address, I keeply confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, position as registered agent as provided for in serely reflect a change in the registered office ny has been notified in writing of this change.				
Division of Corporations, P.O. Box 6	5327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (05/08)