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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bay Grove Boxt Restal, L.L.C. (Name of Limited Liability Company)
(Name of Emitted Elabinty Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Bay brave Boat Restal, L.L. (Firm/Company)
P.O. Box 2677 (Address)
Brandon, FC 33509 (City/State and Zip Code)
For further information concerning this matter, please call:
Reed Fixhbach at (813) 546-1000 (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 amount:
\$25 Filing Fee \$\sum \text{S55 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:	Bay	Grave	Boat	Restal,	L.L.	۷
2. The mailing address of	the limited liability cor	npany is : _	PO	· 130x	(2677		·
		-	Bra	dan, F	2 335	09	
5/20/05			Los	50,600	05049	17	
5/20/05 3. Date of filing/registration	on in Florida		4. Docum				
5. The name of the register Florida Department of S	tate:					of the	
	Corpdirect A 515 East Tallahassee City, S	Name Park L Address FL 32 State and Zij	Lnc. luenue	miller .	SECREI TALLAH	08 APR	T
6. The name and address of					ARY	24	į.
- 	David Prints Sto Vonderburg Florida street address Brawlon City, St.				LUAHASSEE FLORIDA	08 APR 24 AH II: 03	
If the limited liability compositions of the character of the distribution of the business office of the members of the limit or the operating agreement (Signature of a member or authorized)	pany is not organized usinge or changes are make registered agent will by confirmed that the ted liability company of the limited liability	nder the law de, the Flor l be identica change(s) w or as otherw company.	vs of the S	tate of Flo	orida, it is he f the register f a Florida li by an affirm articles of or	ereby ed offic mited native v ganizat	ce ote ion
(Printed of typed name of signee) I hereby accept the appoint the provisions and I am familiar with and Chapter 608, F.S. On if the address, I hereby confirm the confirmation of the con	erson - P(-5) de tment as registered ag of all statules relative accept the obligations is document is being fi hat the limited liability		ee to act in ir and con ion as regi y reflect a as been no	n this capi aplete per istered ag change i otified in v	acity. I furth formance of ent as provi n the registe vriting of th	her agre my dut ded for red offi is chan	ee to ies, in ce ge.

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