## 605000 110314

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						
	┙					

Office Use Only



200265528672

200265528672 10/21/14--01002--009 \*\*25.00

MOV 0 5 2014 T. CARTER

LLC POT RO change

## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJI									
	Nam	e of Limited	Liabi	lity Company					
Dear S	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:									
Jame	es T. Humphrey, Esq.								
	Name of Person								
Knott Ebelini Hart									
	Firm/Company	<u>.</u> .							
1625	Hendry Street								
	Address								
Fort I	Myers, FL 33901								
	City/State and Zip Code								
jhum	phrey@knott-law.com								
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Jame	es T. Humphrey	239 at (	,	334-2722					
-	Name of Person		Ā	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regist Divisi P.O. E	tration Section on of Corporations Box 6327 hassee, Florida 32314					
	Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee		\$55 I	Filing Fee & Certified Copy					

INHS18 (2/14)

## - STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Steamboat,		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5415 Palm Beach Boulevard	1521	0 Wayzata Boulevard
	Fort Myers, FL 33905	Wayz	ata, MN 55391
	11/14/2005	L0500	0110314
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Garey F. Butler, Esq.		
3. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State:
	Fowler White Boggs, PA		
٠	Registered Office Address (MUST BE FLORIDA STREE		
	2235 First Street	ALC:	
-	Fort Myers	<sub>FL</sub> 33901	ECRETY 4 OCT
	,	· L	ASSI ASSI
(b)	James T. Humphrey, Esq.		
, ,	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	E.FLORIDA AM 11: 35
	Knott Ebelini Hart		35
	NEW Registered Office Address:		
	1625 Hendry Street		
	Carl Museum	22004	
	Fort Myers	<sub>FL</sub> 33901	<u></u>
the cha agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization of the perating agreement of the	of the registered of liability company, s of the limited liab he limited liability	ffice and the business office of the registere it is hereby confirmed that the change(s) pility company or as otherwise provided in company.
	ature of a member or a morized representative of a member	Richard N	Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provicely reflect a charge in the registered office address, and in writing of this change.	igree to act in this de performance of ded for in Chapter I hereby confirm t	
Signali	ye of Registered Agent		
11	Division of Corporations • P.O	N Doy 6327a Tollo	shassaa El 32314

FILING FEE: \$25.00