LO6000005355

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Git'er Done Boat, LLC (Name of)	Limited Liability Company)	-	æ
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Lori E. Barnes, Paralegal (Name of Person)			
Arnall Golden Gregory LLP (Firm/Company)	PELA ALLA ALLA	2009 JAN 20	eletie T
171 17th Street NW, Suite 2100		14.2 14.2	
(Address)	سے اس ح آباز س	•	j
Atlanta, GA 30363	FLORI MA	AMIII: 13	¥(
(City/State and Zip Code)	<u> </u>	i w	
For further information concerning this matter,	, please call:		
Lori E. Barnes	at (404) 873-8784	_	
(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	☐ \$55 Filing Fee & Certified Copy		

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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. Name of the limited liability company: Git'e	er Done Boat, LLC
2. (a) Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	y company: 81100 Old Highway Islamorada, FL 33036
(b) Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX)	Islamorada, FL 33036
January 17, 2006	L06000005355
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office s	shown on the records of the Florida Dept. of States
Registered Agent:	National Corporate Research, Ltd., Inc.
Registered Office Address:	515 East Park Avenue SAR Park Avenue
(b) Enter name of <u>NEW Registered Agent</u> as <u>NEW</u> Registered Agent:	nd/or NEW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	88765 Overseas Highway
137 OST DE I BOMDA STREET ALDUKE	Tavernier ,FL 33070
that after the change or changes are made, the Flo office of the registered agent will be identical. On hereby confirmed that the change(s) was/were aut	ander the laws of the State of Florida, it is hereby confirmed orida street address of the registered office and the business r, in the case of a Florida limited liability company, it is thorized by an affirmative vote of the members of the limited articles of organization or the operating agreement of the
Bertram L. Levy, Esquire (Printed or typed name of signee)	<u>. </u>
	tent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 608, reflect a change in the registered office address, I hereby an notified in writing of this change.
(Signature of Registered Agent)	

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

JNHS18 (05/08)