L06000010127

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ALLANASSEE, FLORIDA

J. BRYAN
AUG 1 9 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	n Yachting, LLC ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	te Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Abbey L. Kaplan	<u>.</u>
Name of Person	
Kluger, Kaplan, Silverman, Katzen & Lev	ne, P.L.
Firm/Company	SECTION A
201 S. Biscayne Blvd., Suite 1700	AUG 18 PH 2: 45 ANIASSEE, FLORIDA
Miami, FL 33131 City/State and Zip Code	FLORIDA
akaplan@klugerkaplan.com E-mail address: (to be used for future annual report notifie	cation)
For further information concerning this matter, p	please call:
Abbey L. Kaplan at	(305) 379-9000 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 a	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2010

ABBEY L. KAPLAN KLUGER, KAPLAN, SILVERMAN, KATZEN & LEVI 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI, FL 33131

SUBJECT: FALCON YACHTING, LLC

Ref. Number: L06000010127

We have received your document for FALCON YACHTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 510A00018212

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:	Falcon Yachting, LLC		
2. (a) Principal office address of limited liability company	y:		
(Note: MUST BE STREET ADDRESS)	46 Star Island Drive Miami Beach, FL 33139		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	46 Star Island Drive Miami Beach, FL 33139		
1/27/2006	L06000010127 を L06000010127 を		
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. of State:			
Registered Agent:	Miami Center Registered Agents, LLC		
Registered Office Address:	201 S Biscayne Blvd, 17th Floor Miami, FL 33131		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent:</u> Abbey L. Kaplan, Esq.			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	201 S Biscayne Blvd, Suite 1700		
	Miami ,FL33131		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s 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	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization		
Marc lacovelli	_		
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	ngree to act in this capacity. I further agree to oper and complete performance of my duties, still no registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent			

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