

LO 6 000012687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

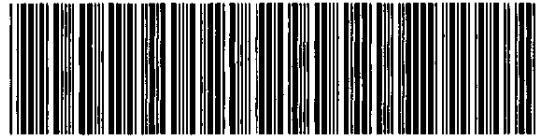
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500162579045

11/12/09--01013--007 \*\*25.00

RECEIVED  
2009 NOV 12 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
NOV 13 2009  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OCEAN WAVES POWER BOATS, LLC  
Name of Limited Liability 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:

MILTON OMIER  
Name of Person

BA QUALITY ENTERPRISES, INC.  
Firm/Company

540 NW 165 STREET ROAD SUITE 110  
Address

MIAMI, FL 33165  
City/State and Zip Code

MILTONTAXMAN@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
2005 NOV 12 AM 11:07  
FILED

For further information concerning this matter, please call:

MILTON OMIER at ( 305 ) 677-9139  
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

**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: OCEAN WAVES POWER BOATS, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**) 2305 NW 150 STREET BAY "A"  
OPA LOCKA, FL 33054

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**) PO BOX 611150  
NORTH MIAMI, FL 33261

07/21/2009  
3. Date of filing/registration in Florida

L06000012687  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: WILBERT LEON

Registered Office Address: 1205 NE 138 STREET  
NORTH MIAMI, FL 33161

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: KG ENTERPRISES, INC

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)** 540 NW 165 STREET ROAD SUITE 110  
MIAMI, FL 33165

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Fanny Hincapie  
Signature of a member or authorized representative of a member

FANNY HINCAPIE  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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