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(Re	questor's Name)	
(Ad	dress)	·
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	, MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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ALAN F. GONZALEZ, LL.M.

agonzalez@walterslevine.com www.walterslevine.com

June 15, 2010

THE BANK OF TAMPA BUILDING 601 BAYSHORE BLVD. SUITE 720 TAMPA, FL 33606 (813) 254-7474 (813) 254-7341 FAX

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Change of Address for Registered Agent

To Whom It May Concern:

Enclosed herewith please find the following:

- 1. Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company together with Florida Wrecking and Salvage, LLC's check in the amount of \$25.00 Florida Wrecking & Salvage, LLC; and
- 2. Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company together with A1 Cruises, LLC's check in the amount of \$25.00 A1 Cruises, LLC.

If you should have any questions, please do not hesitate to contact me.

Very truly yours,

WALTERS LEVINE KLINGENSMITH & THOMISON, P.A.

Alan F. Gonzalez, Esquire

AFG/slc

Enclosures

AFG Miscellaneous Letter to Division of Corporations 6 15 10

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	Florida Wrecking & Salvage, LLC		
	Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.		
Please return all correspondence c	oncerning this matter to the following:		
. •			
Francis D. Red			
Name of Persor	ı		
Florida W <u>recking &amp; S</u>	Salvage II C		
Firm/Company	/divago, cro		
8814 Honeywe	Il Road		
Address			
Gibsonton, Florid	da 33534		
City/State and Zip Code			
E-mail address: (to be used for future a	nnual report notification)		
For further information concerning	a this matter please call		
ror further information concerning	g this matter, please can.		
Francis D. Redmond	at ( 813 ) 741-0405		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADD	RESS: MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	•		
Tallahassee, Florida 32301			
Enclosed is a check for the	ne 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:	Florida Wrecking & Salvage, LLC
2. (a) Principal office address of limited liability co	mpany:
(Note: MUST BE STREET ADDRESS)	8814 Honeywell Road Gibsonton, Florida 33534
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	8814 Honeywell Road Gibsonton, Florida 33534
March 14, 2006	L06000027047
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	Alan F. Gonzalez, Esquire
Registered Office Address:	19110 Fern Meadow Look S. Lutz, Florida 33558-4002
(b) Enter name of <u>NEW Registered Agent</u> and/one <u>NEW Registered Agent</u> :	or NEW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	c/o Walters Levine, et al. 601 Bayshore Blvd., Suite 720 Tampa ,FL33606
If the limited liability company is not organized unde confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the characteristic of the members of the limited liability company or as or the operating agreement of the limited liability considerable.  Signature of a member of authorized representative of a member	, the Florida street address of the registered office e-identical: Or, in the case of a Florida limited ——ange(s) was/were authorized by an affirmative vote s otherwise provided in the articles of organization
Francis D. Redmond Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms the limited liability liability confirms the limited liability	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany 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

INHS18 (05/08)