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SECRETARY OF STATE

AND ANASSEE, FLORDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: hetch + Yawl Name of Limit	Inc. ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kenneth Siegel	
Siegel + Company CPA Firm/Company	
114 Palmola Street	<u> </u>
Lakeland, FL 33803 City/State and Zip Code	
E-mail address: (to be used for future annual report notifica	RR. COM
For further information concerning this matter, pl	lease call:
Kenneth Siegel at (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 an	nount:
\$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: Ketch	yawl, ill
2. (a) Principal office address of limited liability compa	my: 4835 Celia Circle West
(Note: MUST BE STREET ADDRESS)	Lakeland, FL 33813
(b) Mailing address of limited liability company:	P.O. Box 5828
(Note: MAY BE POST OFFICE BOX)	Lakeland, FL 33807
<u> </u>	L D L D D D D D D D D D D D D D D D D D
5. (a) Registered Agent and Registered Office shown o	SE 2 H
Registered Agent:	Charles Wood 5 =
Registered Office Address:	Marathon FL 33050
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	Tom Corcoran
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4835 Celia Circle West Lakeland ,FL 33813
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Tom Corcoran Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with an accept the obligations of hereby confirm that the limited liability compand I am family compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in neely reflect a change in the registered office my has been notified in writing of this change.

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