606000 116888

(Re	equestor's Name)	
(Ad	ldress)	
V	···,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e) •
(Do	cument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	Or Otalus
Special Instructions to	Filing Officer:	
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2007 OCT 25 AM IO: 56 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Xperts of the Seas, LLC (Name of I		ity Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change	and fee(s) are submitte	ed for filing.
Please return all correspondence concerning	this matter to	the following:	
Eric W. Schreiber (Name of Person)		<u></u>	
Xperts of the Seas, LLC (Firm/Company)		_	
1151 West Lake Street		_	
(Address)			
Hollywood, FL 33019			200 SE TAL
(City/State and Zip Code)		_	7 OC CRE
For further information concerning this matter	er, please call	:	2007 OCT 25 AH IC SECRETARY OF ST ALLAHASSEE, FLC
Eric W. Schreiber	at (305	<u>539-6835</u>	ATE ATE
(Name of Person)	1	(Area Code & Daytime	: Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed is a check for the following	ig amount:		
\$25 Filing Fee	□ \$5	5 Filing Fee & Certifie	d Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisi liability company submit agent, or both, in the Sta	its the following s	508.416 or 60 statement in c	08.508, Florida Statu order to change its re	ites, the u	ndersi office d	gned li or regis	mited stered
1. The name of the limi	ted liability comp	any is: Xpert	ts of the Seas, LLC				·
2. The mailing address	of the limited liab	oility company	/ is : <u>1151 West Lak</u>	e Street,		···	
Hollywood, FL 33019							
12/07/2006	L06000116888						
3. Date of filing/registra	ition in Florida		4. Document r	number			
5. The name of the regis Florida Department of		ne registered o	office address as show	n on the r	records	of the	
Tionaa Deparament o			RVICE COMPAN	Υ			
	1201 HAYS	Name STREET	2				
		Addre	SS				
	TALLAHASS	SEE FL 323 City, State a					
6 The name and address	a of the many madic	• •	•				
6. The name and address	s of the new regis	tered agent an	id/or office:		TAL SE	200	
	Eric W. Schi			_	E R A R	2007 OCT	-
	Name 1151 West Lake St.			TAF TAF	T 25	- n	
	Florida street	address (P.O.	Box NOT acceptable	- e)	SEE,		
	Hollywood	FL	33019		FLORI	AM IO:	J
		City, State an	d Zip			: 56	
If the limited liability co confirmed that after the and the business office of liability company, it is hof the members of the li or the operating agreement (Signature of a member or author)	change or change of the registered a ereby confirmed imited liability co ent of the limited	s are made, the gent will be id that the chang mpany or as cliability comp	ne Florida street addre dentical. Or, in the ca ge(s) was/were author otherwise provided in	ess of the r use of a Flo ized by an	register orida li affirm	red officient imited native v	ote
Eric W. Schreiber							
(Printed or typed name of signe	,		,				
I hereby accept the apprompty with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confirm	ointment as regist ins of all statutes ind accept the obli- this document is in that the limited	tered agent ar relative to the igations of m being filed to liability comp	nd agree to act in this proper and complete position as registere merely reflect a char pany has been notified	capacity. e performo ed agent a. ige in the i in writin	I furth ince of s provi registe g of th	her agr my dui ded for red off is chan	ee to ties, in ice ge.
(Signature of Registered Agent)							

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