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## **COVER LETTER**

TO: Registration Division of	Section Corporations	
SUBJECT: Mad	Dog Mandich Fish (Name of	ning Classic Limited Liability Company)
Dear Sir or Madam	<b>:</b>	
The enclosed Regis	tered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all con	rrespondence concerning	g this matter to the following:
Judy Bradley-L		
	(Name of Person)	
Mad Dog Man	dich Fishing Class (Firm/Company)	sic
7400 SW 50th	Terrace, Suite 303	3
-	(Address)	
Miami, FL 3315	5	
	(City/State and Zip Code)	
For further informa	tion concerning this mat	ter, please call:
Judy Bradley-L	ayne	_at (305) 667-0399
(Nar	ne of Person)	(Area Code & Daytime Telephone Number)
Registration of C Division of C Clifton Build 2661 Executi	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is	a check for the following	ng amount:
<b> ▼</b> \$25 Filin	g 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. The name of the limite	d liability compar	y is: Mad Dog Mandich	Fishing Classic	·
2. The mailing address of	f the limited liabil	ity company is:		
7751 SW 62 Avenue, S	uite 100. South	Miami. FL 33143		
				*
05/30/07		<del></del>	00057177	
3. Date of filing/registrat	ion in Florida	4. Do	cument number	
5. The name of the register Florida Department of		registered office address	s as shown on the reco	ords of the
•	Judy Bradley	-Layne		
		Name		
	7751 SW 62 A	Avenue, Suite 100		므
		Address		SE VIS
	South Miami,	FL 33143	<del>.</del>	SECRETAR VISION OF C
		City, State and Zip		
6. The name and address	of the new registe	red agent and/or office:		00 PER .
	Judy Bradley-	Lavne		🖀 व्य
		Name	<del></del>	တဲ့ ဆိုင်
	7400 SW 50th	Terrace, Suite 303		78 ATTO
	Florida street ac	ldress (P.O. Box <b>NOT</b> ac	cceptable)	
	Miami,	FL 33155		
	C	ity, State and Zip		
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes the registered age reby confirmed the nited liability comet of the limited liability.	are made, the Florida strent will be identical. Or, at the change(s) was/wer pany or as otherwise probability company.	eet address of the reg	istered office
Judy Bradley-Layne				
(Printed or typed name of signee)	)			
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if a address, I hereby confirm	intment as registe is of all statutes re d accept the oblig this document is b that the limited li	red agent and agree to a lative to the proper and ations of my position as eing filed to merely refle ability company has bee	ct in this capacity. I complete performant registered agent as control of the con	further agree to e of my duties, rovided for in gistered office of this change.
(Signature of Registered Agent)				

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