L07000070594

(Requestor's Name)						
(Address)						
(Ac	ddress)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to	Riling Officer:					

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Luna Yac	ht Chair	ten UC	TALLAHASSEE, FLORITE
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RAP Change
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
·			Corp Record Search
			Officer Search
			Fictitious Search
Signature		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fictitious Owner Search
Signature	•		Vehicle Search
			Driving Record
Requested by:	رواء	(I: -5	UCC 1 or 3 File
Name	$\frac{\gamma/3/}{\text{Date}}$	<u>9:00</u> Time	UCC 11 Search
i valiic	Date	TIME	UCC 11 Retrieval
	****** *** * * * * * * * * * * * * * *		

इक्कान् १,७५१,६५१ - ६,०६,६८ - स्वयं स्वयंत्रावन्यात्र । १,०६५ - हा ना स्वयंत्र ना एक्कान्यात्र ना रहा , हा प्रदास

STATEMENT OF CHANGE OF RECISTERED 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.

agent, or both, in the St	ate of Florida.			
1. The name of the limi	ted liability company is:	Luna Yacht Charters LLC		
2. The mailing address	of the limited liability cor	mpany is : 2550 S. Bayshore D	rive Suite 2,	
Miami, FL 33133			. <u>.</u>	
August 13, 2007		L07000070594	L07000070594	
3. Date of filing/registration in Florida		4. Document num	iber	
5. The name of the regis Florida Department o		ered office address as shown o	on the records of the	
-	LAZARO R. NAVAR	RO .	·	
	2550 S. BAYSHORE I	Name DRIVE SUITE 2		
		Address	75 O	
•	MIAMI, FL 33133		TANG 31	
	City, S	State and Zip	一些 3	
6. The name and addres	s of the new registered ag	ent and/or office:	RY OF STAT	
	MICHAEL STERN			
		lame	10 STR	
•	1434 COLLINS AVENU		ALE S.	
	Florida street address	(P.O. Box NOT acceptable)	` ' '	
	MIAMI BEACH	FL 33139	·	
•	City, St	ate and Zip		
•		•		
confirmed that after the cond the business office of the macubers of the life of the macubers of the life of the operating agreement of the life operating agreement of a member or authorized the life of the life operating agreement of a member or authorized the life of	change or changes are made f the registered agent will be see that the chartest ability company or ent of the limited hability company or ent of the limited hability company or enter the limited hability company or enter the limited representative of a member)	der the laws of the State of Floric, the Florida street address of the identical. Or, in the case of a lange(s) was/were authorized by as otherwise provided in the artificially.		
Printed or typed name of sign I hereby accept the appropriate and I am familiar with address, I hereby confidence of Registered Agen	pointment as registered agons of all statules relative and accept the obligations if this document is being firm that the limited liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a led to merely reflect a change company has been notified in	pacity. I further agree to aformance of my duties, igent as provided for in in the registered office writing of this change.	

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