

L67000099061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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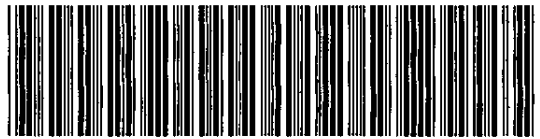
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SEP 12 2008

EXAMINER

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2008 SEP 11 P 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIAMI SCUBA VENTURES  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

COLBY JOHNSON  
(Name of Person)

MIAMI SCUBA VENTURES  
(Firm/Company)

622 VECARDE AVE  
(Address)

CORAL GABLES, FL 33134  
(City/State and Zip Code)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

COLBY JOHNSON at (786) 256-2056  
(Name of Person) (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 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: MIAMI SCUBA VENTURES

2. (a) Principal office address of limited liability company: 622 VELARDE AVE  
(Note: **MUST BE STREET ADDRESS**) CORAL GABLES, FL 33134

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

SAME AS ABOVE

SEPTEMBER 28, 2007

3. Date of filing/registration in Florida

4. Document number

407000099061

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

COLBY JOHNSON

Registered Office Address:

2520 SW 26TH LN  
MIAMI, FL 33133

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

COLBY JOHNSON (SAME)

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

622 VELARDE AVE  
CORAL GABLES  
FL 33134

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

COLBY JOHNSON

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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