1000099061

(Requestor's Name)								
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(City/State/Zip/Phone #)								
PICK-ÚP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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EXAMINER



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12/05/11--01023--002 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ		ures LLC						
	name of	Limite	ed Liao	nnty (Company			
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered	Office	Chang	ge and	fee(s) are submitted for filing.			
Please	return all correspondence concernin	g this i	matter (to the	following:			
	Colby Johnson							
	Name of Person							
	Miami Scuba Ventures LL	<u>.c</u>						
	Firm/Company							
	622 Velarde Ave							
	Address							
	Coral Gables, FL 33134	•						
***************************************	City/State and Zip Code							
	miamiscuba@bellsouth.n	et						
E-	mail address: (to be used for future annual report	notifica	tion)					
For fu	rther information concerning this ma	tter, pl	ease ca	ll:				
	Colby Johnson	at (786		256-2056			
	Name of Person			Area	Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:								
Registration Section			Registration Section					
Division of Corporations			Division of Corporations					
Clifton Building P.O. Box 6327								
	2661 Executive Center Circle Tallahassee, Florida 32314							
	Tallahassee, Florida 32301				,			
	Enclosed is a check for the follow	ing am	ount:					
	\$25 Filing Fee		<u> </u>	55 Fi	ling Fee & Certified Copy			
INHS18	(5/08)							

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

Pursuant to the provisions 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.	Naı	me of the limited liability company:	Miami Scuba Ventures LLC						
2.	(a)	(a) Principal office address of limited liability compa		ny: Miami Scuba Ventures LLC					
		(Note: MUST BE STREET ADDRESS)		2 Velarde Ave oral Gables, FL 33134					
	(b)	Mailing address of limited liability company:		Miami Scuba Vent	ures LL	.c			
		(Note: MAY BE POST OFFICE BOX)		2 Velarde Ave ral Gables, FL 33134					
		09/27/2007		L070000990	61				
3.	Dat	e of filing/registration in Florida	4. I	Document number					
5.	(a)	a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		Registered Agent:	<u>Co</u>	lby Johnson					
		Registered Office Address:	622 Co	2 Velarde Ave ral Gables, FL 33134					
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW R	egistered Office addres	<u>s</u> :				
		NEW Registered Agent:	<u>no</u>	change					
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	PM	25 Ponce De Leon Blv 1B 68	•				
HAI	NOE	OF OFFICE MAILING ASENT ADDRESS TO	?∉ <u>Co</u>	ral Gables	,FL <u>33</u>	<u> 134-441</u>			
Sign Print Con add	antured of apteers	imited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be ide business office of the registered agent will be ide y company, it is hereby confirmed that the change members of the limited liability company or as oth operating agreement of the limited liability company or as other than the provision of a member of the limited liability company or typed name of signee by accept the appointment as registered agent and with the provisions of all statutes relative to the part of the provisions of the limited liability company of the confirm that the limited liability company of the provisions of the limited liability company of the part of the provisions of the limited liability company of the part o	Floridical. (s) was serwise ny.	a street address of the re Or, in the case of a Flor were authorized by and provided in the articles	gistered distriction of the state of the sta	office ed ve vote ization			
Sig	natur	e of Registered Agent							

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