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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ISLAND WATERS MARKETIN	
(Name of Limite	ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Robert Balais	2009 TAC
(Name of Person)	2009 JAN SEERER IALLAHA
Committee of the second	N-5
Island Waters Marketing, LLC	
(Firm/Company)	
	PH 3: 34 OF STATE S. FLORID
PO Box 301	T
(Address)	
Bradenton Beach, FL 34217	
(City/State and Zip Code)	<del>.</del>
For further information concerning this matter, pleas	e call:
Robert Balais at (_94	11 ) 201-5811
	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 following amou	nt:

☐ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

## 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: ISLAND	WATERS MARKETING, LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 2904 Avenue C Holmes Beach, FL 34217	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 301 Bradenton Beach, FL 34217	
	2009	
10/10/2007	1.07000102804 73-73: - *******	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:	
Registered Agent:	NANCY BALAIS	
Registered Office Address:	5382 STONYBROOK DRIVE	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  Robert Balais	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2904 Avenue C	
	Holmes Beach ,FL34217	
If the limited liability company is not organized under that after the change or changes are made, the Florida's office of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authoriz liability company or as otherwise provided in the article limited liability company.	street address of the registered office and the busine he case of a Florida limited liability company it is	ess
(Signature of a member or authorized representative of a member)		
Rehart Relain		
Robert Balais (Printed or typed name of signee)	<del></del>	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit F.S. Or, if this document is being filed to merely reflect confirm that the dishited liability company has been not	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, as tion as registered agent as provided for in Chapter at a change in the registered office address, I hereby tified in writing of this change.	nd I 608, y

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

(Signature of Registered Agent)