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D. BRUCE

DEC - 2 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUB	TECT: SAILFISH G450, LLC (Nam	ne of Limited Liability Company)	_
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerni	ng this matter to the following:	
<u>ŞTEW</u>	ART H. LAPAYOWKER (Name of Person)		
<u>ŞTEW</u>	ART H. LAPAYOWKER, P.A. (Firm/Company)	SECRETALLAN	 11
1 0 0 6 2 5	NW 20TH TERRACE, SUITE 205 (Address)	C -1 PN 12: 09 TARY OF STATE ASSEE, FLORIDA	
FORT	LAUDERDALE, FL 33309 (City/State and Zip Code)		
For fi	urther information concerning this m	natter, please call:	
MICH	AEL BANAS (Name of Person)	at (_954) 202-9600 (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 follow	wing 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: SAILFISH	G450, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 3006 SOUTH DUNE DR STUART, FL 34996
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOVE
12/20/2007	L07000126409
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	GOLDSTEIN LAPAYOWKER'LLP
Registered Office Address:	2700 NORTH MILITARY TRAFE SUITE 130 BOCA RATON FL 33431 US TO TO TO TO THE SUITE 130
(b) Enter name of NEW Registered Agent and/or N	<u> </u>
<u>NEW</u> Registered Agent:	STEWART H. LAPAYOWKER P.A.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5360 NW 20TH TERRACE SUITE 205 FORT LAUDERDALE ,FL 33309
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is
THOMAS D. O'MALLEY, MANAGING MEMBER (Printed or typed name of signee)	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ed in writing of this change.

(Signature of Registered Agent)