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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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10 OCT -6 PN 4: 36
SECRLIANSSEE, FLORIDATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT -7 2010

EXAMINER

COVER LETTER

Division of Corpor						
SUBJECT:	uвјест: American Legacy Fishing LLC					
	Name of	Limited	Liabil	ity Comp	any	
Dear Sir or Madam:						
The enclosed Registered A	gent/Registered (Office (Change	and fee(s	s) are submitte	ed for filing.
Please return all correspon	dence concerning	g this ma	atter to	the follow	wing:	
Ire	ene Chen					
	e of Person		· · · · · · · · · · · · · · · · · · ·	_		
	egacy Fishing Ll	LC		_		SEL TAL
Firm.	Company/					BCT :
	nia Ave. Suite 2	201		_		-6 F
Ac	ldress					
	a, FL 33609			_		OCT -6 PN 4: 36
City/State	e and Zip Code					
irene@trans E-mail address: (to be used f	globalproducts.c	om notificatio	on)			
For further information co	ncerning this mat	ter, plea	ase call	:		
Irene Ch	en	at (813)	839-90	060
Name of Perso	n			Area Code &	& Daytime Telepho	one Number
STREET/COURIE					DDRESS:	
Registration Section		Registration Section				
Division of Corpora Clifton Building	ions	Division of Corporations P.O. Box 6327				
2661 Executive Cen Tallahassee, Florida		Tallahassee, Florida 32314				
Enclosed is a chec	k for the followi	ng amo	unt:			
\$25 Filing Fee			T \$5	5 Filing I	Fee & Certifie	ed Conv

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:	American Legacy Fishing LLC				
2. (a) Principal office address of limited liability comp	pany: 111 S. Armenia Ave. Suite 201				
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33609				
(b) Mailing address of limited liability company:	111 S. Armenia Ave. Suite 201				
(Note: MAY BE POST OFFICE BOX)	Tampa, FL 33609				
01/22/2008	L0800007977				
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:	Irene Chen				
Registered Office Address:	3825 Henderson Blvd Suite 305 Tampa, FL, 33629				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	Irene Chen				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	111 S. Armenia Ave. Suite 201 €				
	Tampa ,FL33609				
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					
Irene Chen Printed or typed name of signee					
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.				

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

Signature of Registered Agent