

LO8000045116

SCOTSMAN MARINE  
1008 LOTUS ST  
PORT CHARLOTTE 71 33953

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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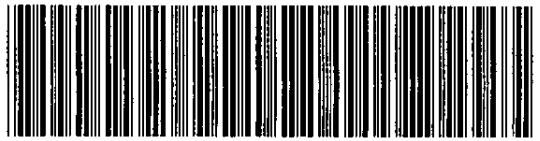
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OCT 21 2008

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: Scotsman Marine Services LLC
2. (a) Principal office address of limited liability company: 1008 LOTUS ST  
(Note: **MUST BE STREET ADDRESS**) PORT CHARLOTTE FL  
33953
- (b) Mailing address of limited liability company: SAME AS ABOVE  
(Note: **MAY BE POST OFFICE BOX**)

April 27 2008

3. Date of filing/registration in Florida

LO8000045116

4. Document number

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

Registered Agent:

ANNE MICHELE ROMILLO

Registered Office Address:

1008 LOTUS ST  
PORT CHARLOTTE FL  
33953

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

**NEW** Registered Agent:

JEAN FRANCES SWAIN

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1008 LOTUS ST  
PORT CHARLOTTE FL  
FL 33953

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.

Jean F. Swain  
(Signature of a member or authorized representative of a member)

JEAN FRANCES SWAIN  
(Printed or typed name of signee)

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.

Jean F. Swain  
(Signature of Registered Agent)

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

FILED  
08 AM 8:41  
STATE  
OFFICE  
TALLAHASSEE  
FLORIDA