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(R	Requestor's Name)	
(A	Address)	
(A	address)	
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EXAMINER

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SECRETARY OF STATE
AND A SEEF. 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.

Name of the limited liability company:	Reel Nauti, LLC.
2. (a) Principal office address of limited liability company	: 5722 S. Flamingo Rd #213
(Note: MUST BE STREET ADDRESS)	Et. Lauderdale, FL 33330-3206
(b) Mailing address of limited liability company:	5722 S. Flamingo Rd #213
(Note: MAY BE POST OFFICE BOX)	Ft. Lauderdale, FL 33330-3206
January 22, 2010	L08000066745
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	•
Registered Agent:	Jody Evans
Registered Office Address:	9340 Lagoon Place #307 Davie, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	V Registered Office address: Jody Evans
NEW Registered Agent:	Jody Evalis
NEW Registered Office Address:	5722 S. Flamingo Rd #213
(MUST BE FLORIDA STREET ADDRESS)	Ft. Lauderdale, FL 33330-3206 .FL
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	SECRE MA
Jody Evans	
Printed or typed name of signee	- 52 - 52 - 5
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office
Signature of Registered Agent	A
Division of Componetions D O Poy 63	

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