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(Requestor's Name)		
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(Cit	ry/State/Zip/Phone #	/)
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PICK-UP	WAIT	MAIL
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(Bu	siness Entity Name	e)
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Certified Copies	_ Certificates o	or Status
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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	ECT: Cruisingnow.c	com LLC		
SUBJECT: Cruising now, com LLC (Name of Limited Liability Company)				
	ir or Madam:	fice Change and fee(s) are submitted for filing	7.	
			,	
Please	return all correspondence concerning the	nis matter to the following:		
Da	vid Farrier (Name of Person)			
Cr	uising now. com LLC (Firm/Company)		2009 I	
284	60 State Rd 84, Suite (Address)	116-149	2009 APR 27 AM II: 13 SECRETARY OF STATE SECRETARY OF STATE	
For	t Laudevdale, FL 33 (City/State and Zip Code)	312	AM II: 13 Y OF STATE SEE. FLORIDA	
For further information concerning this matter, please call:				
David Farrier at (954) 603-1271 (Name of Person) (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 following	g 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.

in the State of Florida.	
1. Name of the limited liability company: Cruisik	\mathcal{J}
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 1219 SW 19th St. Ft. Lauderdale, FL 33315
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2860 State Rd84, Ste 116-149 Fort Laudendale, FL 33312
2/27/2009	109000019971
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:	David Farrier
Registered Office Address:	1219 SW 19th St SEZ THE Fort Lauderdale, FLE TO
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Beatrice M. Farrier
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	313 Lewis Lane #6 Dania Beach FL 33004
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)	et address of the registered office and the business
David Farrier (Printed or typed name of signee)	<u> </u>
	garee to act in this canacity. I further garee to
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am 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.	ngree to get 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, t change in the registered office address, I hereby ed in writing of this change.

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

(Signature of Registered Agent)