## 110000069312

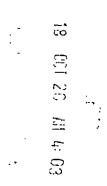
(Re	questor's Name)					
(Address)						
(Ad	dress)	<u> </u>				
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



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## **COVER LETTER**

Registration Section

TQ:

Divi	sion of Corporations					
CUD IFOT.	Good Times Boat Rental and Sales, LLC  Name of Limited Liability Company					
SUBJECT:						
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered O	ffice Change	e and fee(s) are submitted for filing.			
Please return	all correspondence concerning t	his matter to	o the following:			
Gary A Sto	ewart					
	Name of Person	<del></del> .				
Good Tim	es Boat Rental and Sales, L	.LC				
	Firm/Company	<del></del>	<u> </u>			
4238 El Jo	obean Rd.					
	Address					
Port Char	lotte, FL 33953					
	City/State and Zip Code					
garystewa	art2@mac.com					
E-mail	address: (to be used for future a	nnual report	notification)			
For further i	nformation concerning this matte	er, please cal	JI:			
Gary Stev	vart	at (	941-919-1566			
	Name of Person		Area Code & Daytime Telephone Number			
STI	REET/COURIER ADDRESS:		MAILING ADDRESS:			
	istration Section		Registration Section			
	ision of Corporations		Division of Corporations			
	ton Building		P.O. Box 6327			
	1 Executive Center Circle		Tallahassee, Florida 32314			
	ahassee, Florida 32301					
Enc	closed is a check for the following	ng amount:	1/			
☑ \$	25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18 (2/1-	4)	/ x	1			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company:	oat Re	ental and S	Sales, LLC	
2. (a)	4238 El Jobean Rd, Port Charlotte, FL 33953	(t	o)		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  4238 El Jobean Rd.	- `	3	•	ited liability company: OST OFFICE BOX)
	Port Charlotte, FL 33953	_	Port Cha	arlotte, FL 3394	8
	June 29, 2010		L1000006	69312	
3. 5. (a)	Date of filing/registration in Florida Sean A Stewart	4.		Document number	er
5. (a)	Registered Agent and Registered Office shown on the records of the Sean A Stewart	e Florid	a Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET AD 4238 El Jobean Rd.	DDRES.	5)	_	10
	Port Charlotte ,FL	33948		· _	
(b)	Gary A Stewart				- 1.79 OCT 26
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ac	kdress:	_	
	Gary A Stewart			- - 30	ų: 03
	NEW Registered Office Address: 4238 El Jobean Rd.			_	Q-
	Port Charlotte , FL_	33953	<b>;</b>	_	
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ture of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete properties of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	the regional the lire in the l	estered office ompany, it is nited liabilit liability con ary A Stewart in this cap	e and the business is hereby confirme ty company or as on the pany.  Printed or typed nare pacity. I further as duties, and Lamb	office of the registered d that the change(s) otherwise provided in the of signed are to comply with the amiliar with and accept
† Signatu	re of Robisland Agent				