Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000313632 3)))



H190003136323ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6333

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bruco.zavon@savontax.com

LLC REGISTERED AGENT CHANGE NAUTICAM HOLDING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED 23 A 1 3

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 2 WIND

H19000313632 3

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	ame of the limited liability company: Nauticam Hole	aing L	LC	
2. (a)	2303 North Andrews Ave		(b) c/o Zave	on
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Nase: MAXRE POST OFFICE ROX)
		_	1325 40	n Ave, Ste 940
	Ft. Lauderdale FL 33311	_	Seattle \	WA 98101
	October 28, 2010		L100001	12449
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Canon, Ryan K			
/ (")	Registered Agent and Registered Office shown on the records of a 1478 SW 18th Ter	he Flori	da Dept, of Stat	_ :e:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	22)	_
				-
	Ft. Lauderdale , FL	3331	?	_
(Ъ)	Fisher Tousey Leas & Ball, P.A.			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	8 1
	501 Riverside Ave Ste 600			A PART PART PART PART PART PART PART PAR
	NEW Registered Office Address:		-	
	•			- 63 -
	Jacksonville, FL	32202	?	<u> </u>
he cha igent v vas/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cless of organization of the operating agreement of the	the reg bility of the li limited	fistered office company, it is mited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in opany.
Signat	are of a newbos or authorized representative of a member		- Carro	Printed or typed name of signer
$\sqrt{\alpha}$	by accept the aspontument as registered agent and agree ons of all statutes relative to the proper and complete pations of my fostition as registered agent as provided by reflect a charge in the registered office address, I have the proper of this charge. The of Registered Agent	ee to a perfori for in ereby	ct in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep i, F.S. Or, if this document is being filed the limited liability company has been

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