## 10000112451

| (Requestor's Name)                      |                  |             |  |  |  |
|---|------------------|-------------|--|--|--|
| (Address)                               |                  |             |  |  |  |
| (Address)                               |                  |             |  |  |  |
| (Cit                                    | y/State/Zip/Phon | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |  |
| (Bu                                     | siness Entity Na | me)         |  |  |  |
| (Document Number)                       |                  |             |  |  |  |
| Certified Copies                        | _ Certificate:   | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |  |
| ,                                       |                  |             |  |  |  |
|   |                  |             |  |  |  |
|   |                  |             |  |  |  |

Office Use Only

G. MCLEOD

SEP 28 2011

**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

| <b>TO:</b> | Registration Section Division of Corporations  |  |            |                              |     |
|------------|--|--|------------|------------------------------|-----|
| SUBJ       | JECT: KONA C   | OFFSHORE (   | PRODU      | ICTS, LLC                    |     |
|            | Name   | of Limited Liabi   | lity Comp  | pany                         |     |
| Dear       | Sir or Madam:  |  |            |                              |     |
| Dear       | Sii oi iviauani.   |  |            |                              |     |
| The e      | nclosed Registered Agent/Registere   | ed Office Change   | and fee(   | s) are submitted for filing. |     |
| Please     | e return all correspondence concerni   | ing this matter to   | the follo  | owing:                       |     |
|            | Robert Shaw  | ······································                                       |            |                              |     |
|            | Name of Person   |  |            |                              |     |
|            | KONA OFFSHORE PRODUC   | TS, LLC  |            |                              |     |
|            | Firm/Company   |  | _          |                              |     |
|            | 2033 Heritage Parkwa   | ıy   |            |                              |     |
|            | Address  |  |            |                              |     |
|            | Navarre, FL 32566  |  |            |                              |     |
|            | City/State and Zip Code  |  |            |                              |     |
|            | konaoffshore@gmail.co  | om   |            |                              |     |
| E          | -mail address: (to be used for future annual repo                                      | ort notification)  |            |                              |     |
| For fu     | orther information concerning this m   | atter, please cal  | l <b>:</b> |                              |     |
|            | Robert Shaw  | at ( 850   | )          | 333-0636                     |     |
|            | Name of Person   |  | Area Code  | & Daytime Telephone Number   |     |
|            | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |            |                              |     |
|            | 2661 Executive Center Circle<br>Tallahassee, Florida 32301                             |  |            | Florida 32314                |     |
| • •        | Enclosed is a check for the follow   | wing amount:   |            |                              |     |
| /          | \$25 Filing Fee  |  |            | Fee & Certified Copy         |     |
| INHS18     | (5/08) 535 CHECK   | SENT   | WIT        | H Previous incorr            | eci |
|            | n toku   | <b>`</b> .   |            |                              |     |

## 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:   | KONA OFFSHORE PRODUCTS   |  |  |  |
|---|--|--|--|--|
| 2. (a) Principal office address of limited liability of   | company: R. Shaw   |  |  |  |
| (Note: MUST BE STREET ADDRESS)  | 2033 Heritage Park Way<br>Navarre, FL 32566  |  |  |  |
| (b) Mailing address of limited liability company  | y: Kona Offshore   |  |  |  |
| (Note: MAY BE POST OFFICE BOX)  | 2033 Heritage Park Way<br>Navarre, FL 32566  |  |  |  |
| 10/28/2010  | L1000011251  |  |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |  |
| 5. (a) Registered Agent and Registered Office sho   | own on the records of the Florida Dept. of State:  |  |  |  |
| Registered Agent:   | Corporation Service Company  |  |  |  |
| Registered Office Address:  | 1201 Hays St Zu — Tallahassee, FL 32301 Zu Zu  |  |  |  |
|   | ARE TO THE   |  |  |  |
| (b) Enter name of <b>NEW Registered Agent</b> and   | Sign of the sign o |  |  |  |
| NEW Registered Agent:   | Robert Mark Shaw   |  |  |  |
| <b>NEW</b> Registered Office Address:   | 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  |  |  |  |
| <u>(MUST BE FLORIDA STREET ADDRES</u>   | S) 2033 Heritage Park way P<br>Navarre ,FL32566  |  |  |  |
| If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company. | der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.   |  |  |  |
| Robert Mark Shaw Printed or typed name of signee  |  |  |  |  |
| I hereby accept the appointment as registered ager<br>comply with the provisions of all statutes relative to<br>and I am familiar with and accept the obligations o<br>Chapter 608, V.S.) Or, if this document is being file<br>address, I hereby confirm that the limited liability o  | nt and agree to act in this capacity. I further agree to<br>the proper and complete performance of my duties,<br>f my position as registered agent as provided for in<br>d to merely reflect a change in the registered office<br>company has been notified in writing of this change.   |  |  |  |
| Signature of Registered Agent   | _  |  |  |  |

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

INHS18 (05/08)