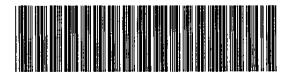
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Special Instructions to	Filing Officer:	
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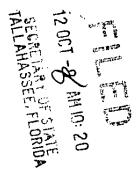
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12 OCT -8 AM IO: 20
SECRETARY OF STATE
TALLAHASSEE, FI ORD

**COVER LETTER** 

TO: Registration Section Division of Corporations	
SUBJECT: DANIEL FLYNN Char Name of Limit	ters LLC.
Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	•
José Bucholz  Name of Person	12 OCT -8 AM IO: 20 TALLAHASSEE, FLORIG
JUSE BUCHOLZ CPA	8 AM IO: 20 ASSEE, FLORID
Firm/Company  120 Strons Ranch Drive	<b>&gt;</b>
120 Strong Branch Drive Address	
Ponte Vedra Beach FLO211 City/State and Zip Code	DA 32082
Capta 75@ Hot mail.com E-mail address: (to be used for future annual report notification)	ation)
For further information concerning this matter, p	lease call:
Jose Bucholz at (	( 904 ) 543 - 1430  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 an	nount:
\$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.

agent, or voin, in the state of Florida.	
1. Name of the limited liability company: Daniel	Flynn charters LCC.
2. (a) Principal office address of limited liability compa	any: Daniel Flynn Chalters ele
(Note: MUST BE STREET ADDRESS)	2103 Egret Came Fernandina Bch · FL 32034
(b) Mailing address of limited liability company:	Daniel Flynn charters LLC.
(Note: MAY BE POST OFFICE BOX)	2103 Egret Lane Fernandina Bch. FL 32034
	L10000125900
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State.
Registered Agent:	Legal 200m costi inc
Registered Office Address:	101 N Brand BOX = 151
	blendule, CA graps 7
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	EW Registered Office address.
NEW Registered Agent:	JOSE BUCHOLZ
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	JOJE Bucholz CPA 120 Strong Branch Dr. Ponte Vedra Beach ,FL 32082
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other operating agreement of the limited liability company.  Signature off a member or authorized representative of a member  Daviel J WM  Printed or typed name of signee  I hereby accept the appointment as registered agent and	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.
comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address hereby confirm that the limited liability compositions of the composition of the	prõper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE; \$25,00

Signature of Registered Agent