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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
AND AHARSTE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pawer Marine, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Paguer Aguiar Name of Person		
Pauer Marine, LVC. Firm/Company		
7900 harbor Island Drive PH 14. Address		
NUTTH Bay Village, FL 33141 City/State and Zip Code		
Pauer Marine & Jahou. Com. 12-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mariene Cunde at (786) 478-8124 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$25 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.

1. Name of the limited liability company: Pauer	Marine, LLC
2. (a) Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	PHIH. Nurthbay village, FL, 33141
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	same as above
Obl 23 1 2011 3. Date of filing/registration in Florida	<u>L11 0000 73562</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Maidel Trujillo:
Registered Office Address:	7900 Harbor island drive PH 19 North bay village, FL 33141
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Markene Conde
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7900 Harbor island drive PHI North bay village, FL 33141
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability compans	Florida street address of the registered office
Signature of a member or authorized representative of a member	
Printed typed name of signee	- 53 -
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compar	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by 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