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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations **Breathe Sail Dive 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: Jason S Spitz Name of Person **Breathe Sail Dive LLC** Firm/Company 2265 NE 24th Street Address Lighthouse Point, FL 33064 City/State and Zip Code jasonsspitz@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Monica Schandel Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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: 2. (a) Principal office address of limited liability company: 2265 NE 24th Street (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 430/2012 L12000057595 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office ald billity company, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office ald billity company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office ald billity company, it is hereby confirmed that the change(s) was were authorized by an affinative vote the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signatured a member of signee I hereby accept the appointment as registered agent and agree to act in this capacity. In this capacity is duties and a mainting with and accept the obligations of my position as registered agent as provided for many than the limited liability company has been notified in writing of this change address. Thereby confirm that the limited liability company has been notified in writing of this change.			
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Lighthouse Point, FL 33064 Lighthouse Point Light	1. Name of the limited liability company: Breathe Sail Di	ve LLC	
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Lighthouse Point, FL 33064 Lighthouse Point Light	(a) Principal office address of limited liability com	nansy 2265 NE 24th Street	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00