

Division of Corporations

L12000066597

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H12000167620 3)))



H120001676203ABCZ

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) 617-6383

From:

Account Name : SHUTTS & BOWEN LLP
Account Number : 120060000106
Phone : (813) 229-8900
Fax Number : (813) 229-8901

FILED
12 JUN 25 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
YACHT MANAGEMENT SERVICES & DESIGN, LLC

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

RECEIVED

12 JUN 25 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 26 2012
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FAX TRANSMISSION

SHUTTS & BOWEN LLP

SUITE #300

4301 W. BOY SCOUT BOULEVARD

TAMPA, FL 33607

(813) 229-8900 (Main)

(813) 229-8901 (Fax)

To: Division of Corporations

Company:

Client/Matter No.: 36359/0001

Fax: 1-850-617-6383

Phone:

From:

E-mail: CZiegenfuss@shutts.com

Phone:

Fax:

Date: 6/25/2012 2:39:08 PM

Pages: 3, including cover sheet

Comments:

This facsimile contains privileged and confidential information intended only for the use of the addressee named above. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original facsimile to us at the above address via the U.S. Postal Service. Thank you.

NOTE: PLEASE CALL IMMEDIATELY IF ALL PAGES ARE NOT RECEIVED

MAIN NUMBER: (813) 229-8900

H120001676203

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: Yacht Management Services & Design, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

4604 49th Street North, #118St. Petersburg, Florida 33709

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

4604 49th Street North, #118St. Petersburg, Florida 33709May 16, 2012

3. Date of filing/registration in Florida

L12000066597

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Jordan G. Lee

Registered Office Address:

4301 W. Boy Scout Boulevard, Suite 300St. Petersburg, Florida 33709

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Edward Thomas

NEW Registered Office Address:

4604 49th Street North, #118

(MUST BE FLORIDA STREET ADDRESS)

St. Petersburg, FL 33709

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 and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of 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.

Signature of a member or authorized representative of a member

Edward Thomas

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 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