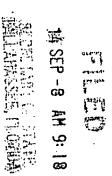
L13000142667

(Re	questor's Name)				
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ie)			
(Do	cument Number)				
(50	cument Number)				
Certified Copies Certificates of Status					
	_				
Special Instructions to Filing Officer:					
1					

Office Use Only



09/08/14--01028--007 **25.00



SEP 1 6 2014 C. CARROTHERS

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	T: Neptune Boat Rentals LLC Name of Limited Liability Company				
Dear Sir	or Madam:				
The enclo	osed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please re	turn all correspondence concerning this matter to the following:				
	Douglas Reichard Name of Person				
<u>N</u>	eptune Boat Rentals LLC Firm/Company				
2	260 Maryland Ave. Address				
	nglewood, FL 34224 City/State and Zip Code				
inf E-n	To @ stump pass marina, net nail address: (to be used for future annual report notification)				
For furth	er information concerning this matter, please call:				
	Name of Person Area Code & Daytime Telephone Number				
	Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clefol Executive Center Circle Callahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
d	\$25 Filing Fee & Certified Copy				
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company:Neptu	ine	Boat	Rentals,	LLC	······
2. (a)	·	_ (b)		·		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		ailing address of limi		
	6089 Dime Ct.		60	Day Dime	ct,	
	Port Charlotte, FL 33981	<u> </u>	ρο	rt Charlo	He,FL 3	3981
	October 09, 2013 Date of filing/registration in Florida	. <u> </u>	LI	300014	2667	
3.	Date of filing/registration in Florida	4.	Ι	Document numbe	r	
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		١	a1 = 9	
	6089 Dime Ct.			• !	阿阿斯	
	Port Charlotte, FL		3]		SEP	AND THE STATE OF T
					100 mg	r'et
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office addi	ress:		M 9: 18	ليس
	NEW Registered Office Address:				4	
	260 Maryland Ave.					
	260 Maryland Ave. Englewood ,FL	342	24			
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registed bility confither the time in	ered office and any it is ted liability ability comp	and the business hereby confirmed company or as of pany.	office of the d that the chatherwise prov	registered nge(s)
			Doc	iglas Rei	<u>chard</u>	
I here provis the ob- to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act i performa I for in Ci ereby coi	in this cana	city I further an	ree to comply	v with the ind accept eing filed as been
Signati	ire of Registered Agent					