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J. HARRIS

COVER LETTER

CO: Registration Section Division of Corporations						
SUBJECT: TAMPA BAY FUN BOAT 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:						
SHANNON WHEATLEY Name of Person						
TAMPA BAY FUN BOAT Firm/Company						
PO BOX 55692 Address						
ST. PETERSBURG, FL 33732-5692 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
SHANNON WHEATLEY at (727) 201-9787 Name of Person 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 amount:						
\$25 Filing Fee \$\square\$ \$55 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	me of the limited liability company:	1 6	MY FUN B	OAT
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	•)X 55(97 Climited liability company: E POST OFFICE BOX
	ST PETERBURG IFL 3370:	2	ST. PETERS	BURG, FL
				33732-50
	1/3/14		L 14 000	0Ø1132_
3.	Date of filing/registration in Florida	4.	Document nur	mber
5. (a)	DARRYL J. WHEATLEY	-		
	Registered Agent and Registered Office shown on the records of the	: Florida L	Pept, of State:	
	Registered Office Address (MUST BE FLORIDA STREET AD	U D DRESSI	NE	
	4 10301			
	ST. PETERSBURG, FL	35	1110	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr	ess:	
	NEW Registered Office Address:	= (MORTH	
	St. PETERSBURG .FL	<u>33</u>	702	
the cha agent w was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and the case of the members of cles of organization or the operating agreement of the li	ne registe ility con the limit	ered office and the busin npany, it is hereby confir ed liability company or a	ess office of the registered med that the change(s)
	nennon Wheatley	St	AANNON WHE Printed or typed	EATLE
_	ture of a member or authorized representative of a member			<u>-</u>
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided p by reflect a change in the registered office address. I he	e to act i erforma for in Ch reby con	n this capacity. I further ice of my duties, and I ar iapter 605, F.S. Or, if th ifirm that the limited lial	r agree to comply with the m familiar with and accept iis document is being filed bility company has been
пощес	I'in writing of this change.			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent