## L140000 19635

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TO:

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## COVER LETTER

TO: Registration Section Division of Corporations	
Capt Gary Yacht & Marine S	Services LLC
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
N Jane Puckett EA	
Name of Person	
East Washington Accounting Services	
Firm/Company	<del> </del>
PO Box 1006	
Address	
Pierson, FL 32180	
City/State and Zip Code	
Medickj@bellsouth.net	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Jane Puckett	386 749-9010
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:
<b>■</b> \$25 Filing Fee	\$55 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 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. N	ame of the limited liability company: Capt Gary Ya	cht & Marine Ser	vices LLC.
2. (a)	Principal	(b) Mailing	
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1110 N Summit Street Lot 4	1110 N S	Summit Street Lot 4
	Crescent City, FL 32112	Crescen	t City FL 32112
	02/04/2014	L1400001	9635
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Platt, Gary N		
J. (#	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	Miami	33155	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Platt, Gary N	Office address:	WILLAHASSEE
	NEW Registered Office Address:	<del></del>	
	1110 N Summit Street Lot 4		AMIO: 33 OF STATE E FLORIDA
	CRESCENT CITY , FL	32112	DE S
signa  I here provis the obto mer notifie	limited 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 were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attree of a member of authorized representative of a member where the appointment as registered agent and agraious of all statutes relative to the proper and complete a ligations of my position as registered agent as provided the proper and complete a ligations of my position as registered office address, I have of Registered Agent	the registered office bility company, it is f the limited liability limited liability com	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany.  Printed or typed name of signee