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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:				
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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.

I. No	nme of the limited liability company: Freedom Boat Clu	ь sc Li	.C	
2. (a)	801E.VeniceAve.	í	801E.V	eniceAve.
_, ,,,,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ (()	Mailing address of hmited liability company. (Note: MAY BE POST OFFICE BOX)
	Venice.FL34285		Venice,I	1,34285
	02/07/2017		1.F700002*	9938
3. 5. (a)	Date of filing/registration in Florida HOLMES.DAVIDA., Lsq	4.		Document number
	Registered Agent and Registered Office shown on the records of th FARRLAWFIRM	ne Fiorid	a Dept. of St	
	Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> 99NESBITSTREET			2019 HAY
	PUNTAGORDA, FL	33950		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : CTCorporation System			All 9 56
	NEW Registered Office Address:			
	1200SouthPinelslandRoad			_
	Plantation, FL_	33324		_
the cha agent w was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the h	the regi bility co Tthe lin	stered offic ompany, it vited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
/s/ David N. Swendsen Signature of a memberor authorized representative of a member			David N.	Swendsen. Printed or typed name of signee
l herel provisi the obli to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ity reflect a change in the registered office address. The Un writing of this change.	erform for in G ereby c	ance of m Chapter 60 onfirm tha	pacity. I further agree to comply with the eduties, and I am familiar with and accept 55, F.S. Or, if this document is being filed t the limited liability company has been
. CICo	rporation System Ja- M JJ_ Jame	s M.	Halpin	
Signatu	re of Registered Agent Assist	ant Se	ecretary	

Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 FILING FEE: \$25,00

Assistant Secretary

By: