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COVER LETTER

	Registration Section Division of Corporations							
SUBJEC	SRQ Boat Rentals, LLC							
OCDOLC	Name of Limited Liability Company							
Dear Sir	or Madam:							
The enclo	osed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.					
Please ret	turn all correspondence concerning	g this matter to the	following:					
Peter Anz	ο							
	Name of Person							
SRQ Boat	Rentals, LLC							
	Firm/Company	-						
7660 S Ta	umiami Trt, STE C							
	Address							
Sarasota, I	FL 34231							
	City/State and Zip Coo	le						
peter@ana	zoent.com							
E-m	nail address: (to be used for future	annual report notif	fication)					
For furthe	er information concerning this ma	tter, please call:						
Peter Anz	o	404 at (694-7900					
	Name of Person	ar (Area Code & Daytime Telephone Number					
R C P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
E	Enclosed is a check for the follow	ing amount:						
	\$25 Filing Fee	□ \$	555 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: SRQ Boat Rentals	LLC					
2. ((a)	7660 S Tamiami Trl, STE C	ı	(b)	7660 S Tamiami Trl, STE C			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limite (Note: MAY BE POS		-	
		Sarasota, FL 34231			Sarasota, FL 34231			
		October 19, 2012	_	L	L18000246503			
3.5.	(a)	Date of filing/registration in Florida Bill Havre	4.		Document number			
٥.	(<i>a)</i>	Registered Agent and Registered Office shown on the records of the Registered Agents, Inc.	Dept. of State:					
		Registered Office Address (MUST BE FLORIDA STREET A	:					
		Tampa , FL	33607				2022	
((b)	Nicholas Olivo, CPA				_	2022 AUS 3	4.7
		Enter name of NEW Registered Agent and/or NEW Registered Office address: Olivo SMB CPA Solutions			ress:		30 AH	. : j
		NEW Registered Office Address:					7:	
		6151 Lake Osprey Drive	_			٠	$\overline{\omega}$	
		Sarasota , FL	34240					
cha age was the	nge nt w s/we arti-	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization of the operating agreement of the lure of a member or authorized representative of a member	registe bility of the lin imited	red om mit lia	d office and the business office appany, it is hereby confirmed to ted liability company or as other ability company. Printed or typed name of the confirmed or typed name or typed	of the hat the erwise	e registe chan e provi	tered ge(s) ded in
I he pro the to not see	erel visio obli nere ifiet matur	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided its reflect a change in the registered office address, I had in writing of this charge. The office address are the charge in the registered office address and the charge in the charge.	ee to ac perforn for in ereb <u>y</u> c	ct in man Ch con	'n this capacity. I further agree nce of my duties, and I am fam hapter 605, F.S. Or, if this doc afirm that the limited liability c	to co iliar w ument ompai	omply with an t is bei ny has	with the d accept ng filed been