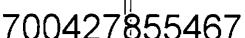


Office Use Only



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the underlighted liability compsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

summis the johowing statement in order to change its registered tijice or registered agent t	or boin, in the State of 1466
1. Name of the limited liability company: For Shuttle Tour	s 4.L.C
I	ess of limited liability company: 4Y BE POST OFFICE BOX)
3. Date of filing/registration in Florida 4. Document	0235887 number
S. (a) Zenhusiness Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 336 F. (0/07 Auto- Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suit 301 Talleha SSETE .FL 32301 (b) Robert F. Saunto Enter name of NEW Registered Agent and/or NEW Registered Office address:	
19701 Golf Blud 429 NEW Registered Office Address: India_ Shores FL 33785	9. i.
If the limited liability company is not organized under the laws of the State of Florida, it is change or changes are made, the Florida street address of the registered office and the busin agent will be identical. Or, in the case of a Florida limited liability company, it is hereby cowas/were authorized by an affirmative vote of the members of the limited liability company the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or the provisions of all statutes relative to the proper and complete performance of my daties, and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Of to merely reflect a change in the registered office address, I hereby confirm that the limited notified in writing of this change.	ess office of the registered onfirmed that the change(s) or as otherwise provided in syped name of signee there agree to comply with the Lam familiar with and agree.

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

Signature of Registered Agent

COVER LETTER

Division of Corporations	
SUBJECT: Fin Shuffle Name of Lim	Tours L.L.a.
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	to the following:
Robert F Bau	men
Fin Shuttle Tour	5 LLC
19701 Gulf Blud	£429
Indian Shores FL City/State and Zip Code	33785
F-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please ca	ill:
Robert Bounn at 1	727 , 900 - 073 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)