

# L95000000222

**DAVID A. JAYNES**

Attorney and Counselor  
Guaranty Building, Suite 702  
120 So. Olive Ave.  
West Palm Beach, FL 33401

Member State Bar of  
Florida and Texas

Telephone (561) 659-5050  
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March 23, 2000

Secretary of State  
P.O. Box 6327  
Tallahassee, FL 32314-6327

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-03/27/00--01135--016  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

ATTN: Division of Corporations

**RE: Natural Bait Brokers  
Change of Address of Registered Agent**

Dear Madam/Sir:

Enclosed please find a duly executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, along with your letter of February 23, 2000, and our check in the amount of \$35.00.

Should you have any questions, or need further information, please do not hesitate to contact us. Thank you for your kind attention.

Very truly yours,

Name	David A. Jaynes
Availability	
Document	
Examiner	DAJ/sjo DCC
Updater	Enclosure cc: Client DCC
Updater	
Verifier	DCC
Acknowledgement	DCC
W P. Verifier	DCC

FILED  
00 APR -5 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Florida and Texas

Telephone (561) 659-5050  
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February 14, 2000

Secretary of State  
P.O. Box 6327  
Tallahassee, FL 32314-6327

ATTN: Division of Corporations

**RE: Natural Bait Brokers  
Change of Address of Registered Agent**

Dear Madam/Sir:

Enclosed please find a duly executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. Our fee has previously been paid.

Should you have any questions, or need further information, please do not hesitate to contact us. Thank you for your kind attention.

Very truly yours,



David A. Jaynes

DAJ/sjo  
Enclosure  
cc: Client

L9500000222

money



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 23, 2000

DAVID A. JAYNES  
GUARANTY BUILDING, SUITE 702  
120 SO. OLIVE AVE.  
WEST PALM BEACH, FL 33401

SUBJECT: NATURAL BAIT BROKERS, L.C.  
Ref. Number: L95000000222

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

In your letter dated Feb. 14th, you state that the money had previously been paid. I can't find any record of it. Could you please send me a copy of the cancelled check or any correspondence that you may have concerning this?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 000A00009832

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the Limited Liability Company is NATURAL BAIT BROKERS, L.C.
2. The mailing address of the Company is P.O. 320247, Cocoa Beach, FL 32932-0247.
3. Date of qualification is 03/21/95 Document number is L95000000222
4. The name and address of the current registered agent and office:


David A. Jaynes  
222 Piccadilly St., Suite 100  
West Palm Beach, FL 33407

5. The name and address of the new registered agent and office:

David A. Jaynes  
120 So. Olive Ave., Suite 702  
West Palm Beach, FL 33401

The street address of its registered office and street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its Board of Directors or by any officer so authorized by the Board.

  
(Signature of an officer, chairman or vice chairman of the Board)

2-8-00  
(Date)

President  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

  
(Signature of Registered Agent)

2-11-00  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

FILED  
00 APR -5 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA