

12/22/2005 11:47

850-245-6897

FL DEPT OF STATE

PAGE 01/03

22-12-2005

11:43am

From: Katz, Barron, Squitiero & Faust, P.A.

305 205 0380

T-701

F.D.01/003

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Page 1 of 1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : KATZ, BARRON, SQUITIERO AND FAUST
Account Number : 072627002473
Phone : (305) 856-2444
Fax Number : (305) 285-9227

RECEIVED

05 DEC 22 AM 8:00

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

RUGGED SHARK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

8.25

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J. BRYAN

DEC 23 2005

22-12-2005 11:32am From-Katz Barron Squitiero & Faust, P.A.

305 285 0329

T-701 P.002/003 F-340

Fax Audit Number: H05000290573 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUGGED SHARK, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna Krimshtein, Esq.
(Name of Person)

Katz Barron Squitiero Faust
(Firm/Company)

2699 S. Bayshore Drive, 7th Floor
(Address)

Miami, FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Anna Krimshtein at (305) 856-2444
(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:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

INB# 12 (Audit Number: H05000290573 3)

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2005 DEC 22 AM 11:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

22-12-2005 11:33am From:Katz Barron Squitara & Faust, P.A.

305 285 0329

T-701 P.003/003 F-340

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: RUGGED SHARK, LLC
2. The mailing address of the limited liability company is: 2406 E COMMERCIAL BLVD, SUITE 201 FT LAUDERDALE

April 26, 2000

FL 33308
M00000000824

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CURTIS H SITTERSON

Name

150 WEST FLAGLER STREET, SUITE 2200

Address

MIAMI, FL 33130

City, State and Zip

6. The name and address of the new registered agent and/or office:

CORPCO, INC.

#G11175

Name

2699 S. BAYSHORE DRIVE, 7TH FLOOR

Florida street address (P.O. Box NOT acceptable)

MIAMIFL 33133

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

STEVEN DAVIDSON, CFO

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)

Fax Audit Number: H05000290573 3

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TALLAHASSEE, FLORIDA