700000002636

ACCOUNT NO. : 072100000032

REFERENCE

COST LIMIT : \$ 25.00

ORDER DATE: January 30, 2002

ORDER TIME: 4:22 PM

ORDER NO. : 159708-135

CUSTOMER NO:

7309272

CUSTOMER: Mr. Scott Tilley

Marinemax

18167 U.s. 19 North

Suite 499

Clearwater, FL 33764

CHANGE OF AGENT

NAME:

MARINEMAX OF CENTRAL FLORIDA,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

300005175983--2

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: MARINEMAX OF CENTRAL FLORIDA, LLC	
2. The mailing address of the limited liability	y company is: _18167 U.S. 19 North, Suite 499	
Clearwater, FL 33764		
12/20/2000	M0000002636	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the re Florida Department of State:	egistered office address as shown on the records of the	
СТС	Corporation System	
•	Name 2 \(\frac{1}{2}\times	
1200 Soi	uth Pine Island Road	
	Address Reference Address Reference Address Reference Re	
Plan	itation, FL 33324	
C	Str. State and 7:n	
6. The name and address of the new registered agent and/or office: Corporation Service Company		
Corporat	zion Service Company $\overset{\longleftarrow}{\omega}$	
	Name S	
120	Ol Hays Street	
	dress (P.O. Box NOT acceptable)	
Tallahassee	FL 32301	
Cit	y, State and Zip	
confirmed that after the change or changes ar	zed under the laws of the State of Florida, it is hereby the made, the Florida street address of the registered office it will be identical. Or, in the case of a Florida limited in the change(s) was/were authorized by an affirmative vote of or as otherwise provided in the articles of organization or ty company.	
Kurt M. Frahn, Authorized Representa (Printed or typed name of signee)		
I hereby accept the appointment as registere comply with the provisions of all statutes rela and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited lian	ed agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, tions of my position as registered agent as provided for in ing filed to merely reflect a change in the registered office bility company has been notified in writing of this change.	
(Signature of Registered Agent) Laura R. Dunlap Asst. Secretary		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18(10/99)