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(Requestor's Name)		
(Address)	· · · · · · · · · · · · · · · · · · ·	
(Address)		
(City/State/Zip/Phone #	9	
PICK-UP WAIT	MAIL	
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(Document Number)		
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COVER LETTER

Division of Corporations		
SUBJECT: Nautica, LLC		
	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for	r filing.
Please return all correspondence concerning	this matter to the following:	
Timothy P. Barila		
(Name of Person)		
Nautica, LLC	<u> </u>	
(Firm/Company)		🖸
நடிகுள்கள் தன்று 3330) 7170 Riverwood Drive (1995	Tallahassoc, Florida 323	SECRETION OF JUN 1
(Address)	to the thin in the second the second to the	FILED LOF CORPC
Columbia, Maryland 21046	<u> </u>	
(City/State and Zip Code)	••	STATE ORATION
For further information concerning this matt	er, please call:	.
Timothy P. Barila	_at (443) 259-4902	
(Name of Person)	(Area Code & Daytime Tele	ephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
	Division of Corporations	
	P:O: Box 6327	
1.1.1() 2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Co	ору

INHS18 (8/05)

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	y company is: Nautica, LLC		
2. The mailing address of the limi	ted liability company is : 7170 Riverwood Drive		
Columbia, Maryland 21046			
Columbia, Marylana 21010			
June 23, 2004	M0400002464		
3. Date of filing/registration in Flo	orida 4. Document number		
5. The name of the registered agen Florida Department of State:	at and the registered office address as shown on the recor	ds of	the
-	orporation System		
	Name		
<u>1200 S</u>	South Pine Island Road		
	Address	0	<u>D</u>
Planta	tion, FL 33324	7	SEVIDIVIS
	City, State and Zip	<u>S</u>	로움
6. The name and address of the new	w registered agent and/or office:	07 JUNII PM	FIL TARY OF CO
Robert	t Thollander	PH	ED ORPORATIONS
	Name		STS ASS
	okout Place, Suite 201	10 :1	Ē
Florida	a street address (P.O. Box NOT acceptable)		Ś
Maitlan	nd FL 32751		
	City, State and Zip		
confirmed that after the change or and the business office of the regis liability company, it is hereby con	not organized under the laws of the State of Florida, it is changes are made, the Florida street address of the regis stered agent will be identical. Or, in the case of a Florida firmed that the change(s) was/were authorized by an afficility company or as otherwise provided in the articles of limited liability company.	stered a limi irmati	office ited ive vote
(Printed or typed name of signee) Vice	rila President		
	as registered agent and agree to act in this capacity. I fi statutes relative to the proper and complete performance the obligations of my position as registered agent as pr ment is being filed to merely reflect a change in the regi limited liability company has been notified in writing of	orther of m ovided stered this o	· agree to y duties, d for in d office change.

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