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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 28 2009

EXAMINER

COVER LETTER

SUBJECT:	BJECT: Yacht-Mate GP, LLC					
			iability Comp			
Dear Sir or Madam:					•	
The enclosed Registere	d Agent/Registered	d Office Ch	ange and fee(s) are submitted	for filing.	
Please return all corresp	ondence concerni	ng this mat	er to the follo	owing:		
	Cathy Farmer					
	ame of Person					
Yach	t-Mate GP, LLC					
F	irm/Company					
5405 Ban	dera Road, Suite	128			, Z	
	Address				LAH.	
	tonio, Texas 782	38			ASSE ASSE	
City/\(\)	State and Zip Code			•	E OF	
cfarmer	@texsonwater.co	om				
E-mail address: (to be use	d for future annual repor	rt notification)			57	
For further information	concerning this ma	atter, please	call:			
Cathy F	armer	at (?10)	587-3456	6	
Name of Pe	rson		Area Code	& Daytime Telephone	Number	
STREET/COUR	IER ADDRESS:	DRESS: MAILING ADDRESS:				
Registration Section			Registration S			
Division of Corpo	Corporations Division		Division of C			
Clifton Building P.O.		P.O. Box 632				
2661 Executive C	enter Circle			Florida 32314		
Tallahassee, Flori	da 32301		,			
Enclosed is a ch	eck for the follow	ving amour	ıt:			
 ✓ \$25 Filing Fe						

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. Yacht-Mate GP, LLC 1. Name of the limited liability company: _ 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5405 Bandera Road, Suite 128 San Antonio, Texas 78238 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 5405 Bandera Road, Suite 128 San Antonio, Texas 78238 January 12, 2006 M06000000338 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State; Registered Agent: Capitol Services 155 Office Plaza Drive Registered Office Address: Suite A Tallahassee, FL 32301 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Sandra Hoekstra 3200 S Andrews Ave. Suite 60 **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Ft. Lauderdale 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 of a member or authorized representative of a member John D Cammack 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. ignature of Registered Agent

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

INHS18 (05/08)