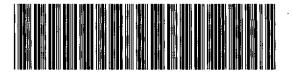
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AFCHETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOURNAMENT Y	Acht Sales LLC d 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 m	atter to the following:
JAMES A Fields Name of Person	2012 AI TALLA
Tournament Yacht Firm/Company	SALES LLC SALES LLC Soute 3
207 E. Blue Heron Blu Address	d Suite 3 RIGHT
Riviera Beach, FL 3 City/State and Zip Code	<u> 3404</u>
Brody 98 & bellsouth. N E-mail address (to be used for future annual report notification	<u>re + </u>
For further information concerning this matter, plea	ase call:
James Alaw Fields at (561) 801-5720 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 amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

agent, or both, in the state of Piortaa.	
1. Name of the limited liability company: Tour	WAMENT YACHT Sales LLO
2. (a) Principal office address of limited liability comp	pany: TourNAMENT Yocht So
(Note: MUST BE STREET ADDRESS)	122 W. MARKET ST Corgetown DE 19947
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	122 W. MARKET ST George town DE 19947
3. Date of filing/registration in Florida	M06000001700
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:	Cheryl A. Brittingham
Registered Office Address:	Suite 3 FU B 34 off
(b) Enter name of NEW Registered Agent and/or l	
NEW Registered Agent:	JAMES A. FIELDER
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	207 E Blue Heron Bud Suite 3 Livien Beach ,FL 33404
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization

Signature of a member or authorized representative of a member

Fields

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 of Registered Agent