

M07000002892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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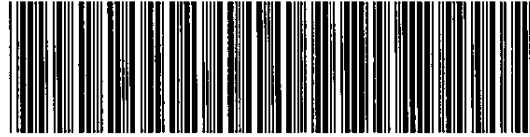
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**CAPITOL
SERVICES**

**Statement of Change of Registered Office
or Registered Agent or Both for Limited
Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

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

DATE: 11/12/2013
STATE: FLORIDA
REP UNIT: DOCKWISE YACHT TRANSPORT,
LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #24607 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



13-29977V

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. Name of the limited liability company: Dockwise Yacht Transport, LLC

2. (a) Principal office address of limited liability company: 1535 SE 17th Street, Suite 200
(Note: **MUST BE STREET ADDRESS**) FL, Lauderdale, FL 33316

(b) Mailing address of limited liability company: 1535 17th Street, Suite 200
(Note: **MAY BE POST OFFICE BOX**) FL, Lauderdale, FL 33316

May 16, 2007

3. Date of filing/registration in Florida

M07000002892

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Clemens van der Werf

Registered Office Address:

1535 SE 17th Street, Suite 200
FL, Lauderdale, FL 33316

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Capitol Corporate Services, Inc.

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

155 Office Plaza Dr.

Suite A

Tallahassee

FL 32301

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

Martin Adler

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

Duanu Case, asst sec.

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

INH518 (05-08)

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TALLAHASSEE, FLORIDA
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