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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
SECRETARY OF STATE



200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

June 1, 2009

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State PO Box 6327 Tallahassee, FL 32314

RE: OSG America LLC

OSG America L.P.

OSG Ship Management, Inc.

Dear Sir or Madam:

Enclosed are the forms necessary to change the registered agent and registered office for each of the above referenced entities, together with checks representing the filing fees.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely

Laura L. Lightholder

enclosures

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: OSG America LLC				+
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 302 Knights Run Avenue, Suite 1200 Two Harbour Place Tampa, FL 33602	6	2 3 9
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	302 Knights Run Avenue, Suite 1200 Two Harbour Place Tampa, FL 33602		0 0
11	/15/2	2007	M07000006748		
3.	Dat	e 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: CT Corporation System			
		Registered Agent:	CT Corporation System	<u> </u>	Charles of the Control of the Contro
		Registered Office Address:		3 0: 5	B
	(b)	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
		NEW Registered Agent:	NRAI Services, Inc.		E
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4		
			Weston,FL 33331		
th of	at afi fice	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the call confirmed that the change(s) was/were authorized by	address of the registered office and the busine se of a Florida limited liability company, it is	ess	

liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of member or authorized representative of a member)

James I. Edelson, Secretary

(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. NRAI Services, Inc.

(Signature of Registered Agent)

Laura Lightholder, Assistant Secretary

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