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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	On Shore Fishing, LLC	;			
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Off	fice Change	and fec(s) are submitted for filing.		
Please	e return all correspondence concerning th	is matter to	the following:		
Alan	F. M. Garten, Esquire				
	Name of Person				
Fedd	ler and Garten Professional Assoc	ciation			
	Firm/Company				
36 S	outh Charles Street, Suite 2300				
	Address	· · · · · · · · · · · · · · · · · · ·			
Baltir	more, Maryland 21201				
	City/State and Zip Code				
amg	@fedgar.com				
	E-mail address: (to be used for future and	nual report n	otification)		
For fu	orther information concerning this matter	, please call:			
Alan	F. M. Garten	410	539-2800		
	Name of Person	(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	g amount:			
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

l. Na	me of the limited liability company: On Shore Fis	hing, LLC	
2. (a)	7180 Troy Hill Drive, Ste. J-K	(b) 2901 North Caroline Drive	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Elkridge, MD 21075	Apartment #302	
•		Jupiter, FL 33458	
	04/18/2014	M14000002715	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	Alex L. Bowman		
). (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:	
	277 Swan Lane		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
		well	
	Jupiter , FI	33458	
(b)	Alex L. Bowman	SSS O	
•	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	2901 North Caroline Drive	Office address: OF STATE FLORID	
	NEW Registered Office Address:	02	
	Apartment #302		
	Jupiter , FI	33458	
he cha agent w was/we he arti	nge or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members cless of organization or the operating agreement of the		
Signal	tore of a member or authorized representative of a member	Alex L. Bowman Printed or typed name of signee	
I herel provisi he obl to mere notified		ree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been	

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