7050000109a7

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT	MAIL.			
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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04/16/12--01019--025 **35.00





COVER LETTER

Amendment Section Division of Corporations

TO:

•	•	
SUBJECT:	Tampa Bay Dragon	Boat Institute Inc
	Name of C	Corporation
DOCUMENT NUMB	er: N05	000010927
The enclosed Statemen	nt of Change of Registered Office	ce/A gent and fee are submitted for filing.
Please return all corres	pondence concerning this matte	er to the following:
		-
<u> </u>	James J	Moroney ontact Person
	Name of Co	ontact Person
	Firm/C	ompany
	100 N Tampa S	street Suite 3000
	Add	Iress
	Tampa, I	FL 33602
	City/State a	nd Zip Code
	james.j.morone	ev@mssb.com
E-r	nail address: (to be used for f	future annual report notification)
For further information	concerning this matter, please	call:
lam	es J Moroney	913 2000
Name o	f Contact Person	at (<u>813</u>) <u>227-2099</u> Area Code & Daytime Telephone Number
Enclosed is a \$35.00 ch	neck made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee El 32314	2661 Evecutive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a	corporation organi	2, 607.1508, or 617.1508, zed under the laws of the red agent, or both, in the	State of Florida	!his
1. The name of	the corporation: Tam	ipa Bay Drago	on Boat Institute I	Inc	
2. The principal	office address: 100 N	I Tampa Street,	Suite 3000, Tampa	ı, FL 33602	
3. The mailing a	address (if different):_S	Same			
4. Date of incorp	poration/qualification:		Document number:	N050000	010927
	d street address of the c rtment of State: (If resig		ent and registered office	on file with the	
	Resigned : Christ	tine Canevari			
	401 E	E Jackson Stree	t, Suite 2100	₩ 2	
	Tam	pa, FL 33602		BECR SECR	-
6. The name and (if changed):	l street address of the n	ew registered agent	(if changed) and /or regi	APR BETABILITY C	m
	James J Moroney	/)F S 72	O
	100 N Tampa Str			RATE 3	
	Tampa, FL 33602	P.O. Box NOT	acceptable ,		
The street addre as changed will	ss of its registered off be identical.	ice and the street a	ddress of the business o	office of its register	ed agent,
Such change wa authorized by th	as authorized by resolute board, or the corpor	ntion duly adopted ation has been noti	by its board of directors ified in writing of the ch	s or by an officer s nange.	o
Signatur	e of an officer or director	<u></u>	Kevin	J Burns	
i further agree t of my duties, and document is bei	the appointment as re	visions of all statut nd accept the oblig ect a change in the	agree to act in this cape tes relative to the proper tation of my position as registered office addres	pacity	formance Or, if this n that the
alme	nature of Registered Agent	<u></u>	April 1	10, 2012	
	half of an entity:	\bigcup	Dau	·	
	ames J Moroney ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *