N06000010594

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





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20 Change News) 11-10-08

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ.	ECT: Six Buoys Three, Inc (Name of Co	rporation)	
DOCU	UMENT NUMBER: N06000010594		
The er	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter	to the following:	
	Mark L.	Christian	
	(Name of Cont	act Person)	
	Ch. D.	There is the	
Six Buoys Three, Inc (Firm/Company)			
		nire Circle	
	(Addre	ess)	
		ach, Florida 32250 IZip Code)	
For fu	rther information concerning this matter, please ca	II:	
	-		
	Eric Touchton (Name of Contact Person)	at (904) 545-4778 (Area Code & Daytime Telephone Number)	
	(,	(
Enclos	sed is a \$35.00 check made payable to the Departn	nent of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
		Tallahassee, FL 32301	

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of change is submitted for a corporation organized under the laws of the State of Florida	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Six Buoys Three, Inc.	
2. The principal office address: 6490 White Blossom Cr.	_
Jacksonville, Florida 32258	
3. The mailing address (if different): 6490 White Blossom Cr.	
Jacksonville, Florida 32258	
4. Date of incorporation/qualification: 10/10/2006 Document number: N06000010594	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Registered Agent: Mark L. Christian 720 Bonaire Circle,	
Jacksonville Beach, Florida 32250. Principal Address / Mailing	
Address: 6490 White Blossom Cr. Jacksonville, FL 32258 6. The name and street address of the new registered agent (if changed) and (or registered office)	<u>Π</u>
(if changed):	1
Registered Agent: UNCHANGED	(
New Principal Address/ Mailing Address: 720 Bonaire Circle, (P.O. Box NOT acceptable)	
Jacksonville Beach, Florida 32250	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the proporation has been notified in writing of the change.	
(Signature of an officer or director) Robert Haines (Printed or typed name and title)	
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
11/ah d Chieft 10/31/08	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Mark L. Christian (Typed or Printed Name)	

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