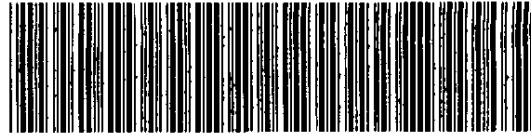


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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Airboat Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N94000006048

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vickie Cruz  
Name of Contact Person

Florida Airboat Association  
Firm/Company

P.O. Box 760  
Address

Sorrento Fl 32776  
City/State and Zip Code

Secretary@floridaairboat.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vickie Cruz at ( 407 ) 383 1093  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
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 Fla. in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Airboat Association, Inc.
2. The principal office address: 15439 94<sup>th</sup> St N  
West Palm Beach Fl 33412
3. The mailing address (if different): PO Box 760  
Sorrento, Fl 32776-0760
4. Date of incorporation/qualification: 12/9/1994 Document number: W9000006048
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)

Dawn Patterson

3314 Citrus Dr.

Bartow Fl 33831

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Vickie L Cruz

25821 Pinehurst St

P O Box NOT acceptable

Sorrento Fl 32776

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 corporation has been notified in writing of the change.

Vickie L Cruz  
Signature of an officer or director

Vickie L Cruz  
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.

Vickie L Cruz  
Signature of Registered Agent

3/25/10  
Date

If signing on behalf of an entity:

Vickie L Cruz  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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FLORIDA DEPARTMENT OF STATE

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