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	auactoria Nama)					
(Requestor's Name)						
(Ac	ldress)					
(Address)						
(City/State/Zip/Phone #)						
	—					
☐ PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	ne)				
(Do	cument Number)					
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COVER LETTER

TO:	TO: Amendment Section Division of Corporations						
SUBJ	ECT: United Ship Service Corp.						
	(Name of Corpora	tion)					
DOC	JMENT NUMBER: P00000027533						
The en	closed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the	following:					
	Arthur C. Schneider						
	(Name of Contact P	Person)					
	United Ship Service Corp.						
	(Firm/Company	у)					
	/						
	4350 Oakes Road, Suite 500						
	(Address)						
	Fort Lauderdale, FL 33314						
	(City/State and Zip	Code)					
For fur	ther information concerning this matter, please call:						
Arthi	ır C. Schneider	954 \ 583 - 4588 v 1105					
	(Name of Contact Person)	954) 583 - 4588 x 1105 (Area Code & Daytime Telephone Number)					
Enclos	ed is a \$35.00 check made payable to the Department of	of State.					
	Mailing Address: Amendment Section	Street Address:					
	Amendment Section Division of Corporations	Amendment Section					
	P.O. Box 6327	Division of Corporations 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 sec statement of change is submitted				
	egistered office or register		-	
1. The name of the corporation:	United Ship Ser	vice Corp.		
2. The principal office address:	4350 Oakes Road	, Suite 500		
	Fort Lauderdale	, FL 33314		
3. The mailing address (if different	nt):			
4. Date of incorporation/qualifica	ation: 3-16-2000	Document num	ber: P0000	00027533
5. The name and street address of Florida Department of State:	f the current registered ag	ent and registered of	ffice on file v	vith the LA
Joshua K	ent			EP -
4350 Oak	es Road, Suite 500	0		— SE. F. S.
Fort Lau	derdale, FL 3331	4		_ S
6. The name and street address of (if changed):	f the new registered agent	t (if changed) and /or	registered o	ffice
Arthur C	. Schneider		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4350 Oak	es Road,Suite 500			
Fort Lau	(P.O. Box NOT acceptable) derdale, FL 3331	4		···
The street address of its register as changed will be identical.	ed office and the street a	address of the busine	ess office of	its registered agent,
Such change was authorized by authorized by the board, or the	resolution duly adopted corporation has been not	by its board of dire	ctors or by a ne change.	n officer so
(Signature of an officer or dire	ctor)	ERIK FUGE (Printed of	BA CT.CEL) d title)
hereby accept the appointment further agree to comply with the of my duties, and I am familiar to abcument is being filed merely to corporation has been notified in	as registered agent and ne provisions of all statu with and accept the oblig o reflect a change in the writing of this change.	l agree to act in this tes relative to the pi gation of my position registered office ad	capacity. roper and co n as register ldress, I hero	omplete performance red agent. Or, if this eby confirm that the
latte Soles	h	Than	17, 20	207
(Signature of Registered A	• .	1	(Date)	
If signing on behalf of an entity:		•		
ARTHUR C SCHI	NE (DER			

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

(Typed or Printed Name)