

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (305)672-0686

Fax Number

: (305)672-9110

REGISTERED AGENT CHANGE

KEY LIME BOATS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

Order's, or

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

Pursuant to the provisions of section 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 is: Key Lime Boats, Inc.
2. The principal	office address: 18400 SW 256TH ST
	AD FL 33031
3. The mailing a	address (if different): PO BOX 900160 HOMESTEAD FL 33090
4. Date of incor	poration/qualification: 3/21/2000 Document Number: P00000028453
5. The name and	d street address of the current registered agent and registered office on file with the
Florida Depa	rtment of State:
	CORPORATION COMPANY OF MIAMI
	1600 MIAMI CENTER 201 S. BISCAYNE BLVD.
	MIAMI FL 33131 BC 0
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
(
	11380 Prosperity Farms Road #221E
	(P.O. Brax Not acceptable)
	Palm Beach Gardens FL 33410
The street addressent, as change	ess of its registered office and the street address of the business office of its registered address of the business office of its registered.
Such change wanthorized by	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	N.P. SR BROOKS by T. Bacz as attorney-in-fact
(Signate	ste of an officer or director) (Printed or Typed name and title)
	the appointment as registered agent and agree to act in this capacity.
I further agree	te comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered
perjormance of . neent. Or if th	my dunies, and I am jamiliar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I
hereby confirm t	hat the corporation has been notified in writing of this change.
, ,	1/2/01
(Signate	ure of Registered Agent) (Date)
If signing on bet	naif of an entity:
Taide Baez	
(Туре	d or Printed Name)

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

Corporate Creations International Inc. 941 Fourth Street Miami Beach FL 33139 (305) 672-0686