

215 North Federal Highway

Dania Beach, FL 33004

Tel. 954-925-8228 • Fax 954-929-1966

May 24, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

600005651506--1 -05/30/02--01036--011 *****35.00 *****35.00

Re: Lighthouse Boat Center-Change of Registered Agent

To Whom It May Concern:

Our firm is corporate counsel for the above Florida corporation. Enclosed please find the following: (1) an executed Statement of Change of Registered Agent and (2) check number 2001 in the amount of \$35.00 as payment of the filing fee. If you require anything additional, please contact me.

Sincerely,

MICHELE A. CAVALLARO

tz/MAC

Encl.

FILED

02 MAY 30 AM 8: 39

SECRETARY OF STATE
ALL AHASSEF ELORIDA

RAIRO Change

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

	he provisions of sections 60 ed corporation organized w		607.1508, or 617.1508, Flo	rida Statutes,	
_	ollowing statement in order		ered office or registered age	nt, or both, in	
1. The name of	of the corporation: /ight	house Boat cen	ter, inc.		
2. The mailing	g address of the corporation	: 93 Overseas	Highway Tavernier, 1	FL 33070	_
3. Date of inc	corporation/qualification:	11/15/00	_ Document number: POOC	000106820	_
4. The name a	and address of the current re	gistered agent and o	ffice:		
	Donald J. Thom	0 3			
	1200 N. Federal	Hwy, Svite 31:	2		
5. The name a	Boca Raton FL and address of the new regis	tered agent (if chang	ged) and/or registered office	(if changed):	
	•	O. Box Not Accept			
			le A. Cavallaro, Esq	- .	
	215 North Federal	Highway			
	Dania Beach, FZ				
The street ad agent, as char	dress of its registered office nged, will be identical.	e and the street addr	ess of the business office of	its registered	
Such change authorized by	was authorized by resolution the board.	on duly adopted by	its board of directors or by a	n officer so	
	M/h		(Date)		,,
(Signati	ure of an officer, chairman or vice ch	nairman of the board)	(Date)		
michael	R. Cavallaro Preside	ot	· · · · · · · · · · · · · · · · · · ·		
	(Printed or typed name and	l title)	en of myonografow the above	stated	
corporation,	I hereby accept the appoin ee to comply with the provi of my duties, and I am fam	tment as registerea sions of all statutes	ce of process for the above a agent and agree to act in the relative to the proper and co of the obligation of my posit	us cupacuy. omplete	
	Je de	.	5/24/02		
	(Signature of Registered Agent)		(Daté)	2 200 2 21	
If signing on be	ehalf of an entity:			CRA MAY	
· ·	(Typed or Printed Name)		(Capacity)	- 22 - 3 - 5	=
	(Taben or Extrace Learne)		- (cohoors)	AM Y OF SEE,	П
	***	FILING FEE: \$35	.00 * * *		7
CR2E045(9/00)		n o ni	T.VV. 171-2020 FT 20014	8: 39 STAT STAT	
	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FL 32314		