

PO2000038739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

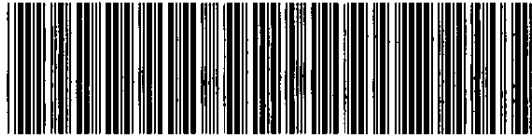
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09 DEC 22 AM 9:12  
FALL ANGELES COUNTY

*R.A. Charge*  
C.COULLETTE

DEC 28 2009

EXAMINER

**CHERN AND SEVIN . .  
ATTORNEYS AT LAW**

**MIAMI OFFICE**

1313 PONCE DE LEON BOULEVARD, SUITE 301  
CORAL GABLES, FLORIDA 33134  
TELEPHONE (305) 443-3343  
FAX FOR BOTH OFFICES: (305) 443-3033

NORMAN M. SEVIN, P.A.  
MARSHALL M. CHERN  
(DECEASED 2005)

**CENTRAL FLORIDA OFFICE**

441 WEST VINE STREET  
KISSIMMEE, FLORIDA 34741  
TOLL FREE (888) 717-3343  
E-MAIL: N7LAW@AOL.COM

REPLY TO: MIAMI

December 17, 2009

**CERTIFIED MAIL RETURN RECEIPT REQUESTED**

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

**RE: ATM YACHT SALES CORP.**

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Agent for ATM Yacht Sales Corp., together with our client's \$35.00 check in payment of the required fee.

Please confirm receipt.

Sincerely,

CHERN AND SEVIN

By: *Norman M. Sevin*  
NORMAN M. SEVIN

NMS/vc  
Encl.

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ATM YACHT SALES CORP
2. The principal office address: 211 CAPE FLORIDA DRIVE  
KC/ BISCAYNE, FL 33149
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
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)

RESIGNED

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

Norman M. Sevin

1313 Ponce De Leon Blvd., Suite 301

P.O. Box NOT acceptable

Coral Gables, Florida 33134

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.

  
Signature of an officer or director

SCOTCH BARDON  
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.*

  
Signature of Registered Agent

Dec. 15, 2009  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)