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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MoorMarine, Inc. (Name of corporation)
• • •
DOCUMENT NUMBER: H02000235330 6
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filir
Please return all correspondence concerning this matter to the following:
Astrid de Parry, Esq.
(Name of person)
Astrid de Parry, P.A.
(Name of firm/company)
107 E. Church St.
(Address)
DeLand, FL 32724-4323
(City/state and zip code)
For further information concerning this matter, please call:
Astrid de Parry at (386) 736-1223
Astrid de Parry at (386) 736-1223 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee El 32314Tallahassee El 32300

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

	provisions of sections 607.0502,				
florida	f change is submitted for a corport in order to change its regis	ation organized under the taws of stered office or registered agent,	•		
of Florida.		north office of register on agent,	200 8		
•	the corporation: MoorMarine, Inc.		FE UT		
2. The principal office address: 4929 N. Orange Blossom Trail					
	Orlando, FL 328	10			
3. The mailing a	address (if different):		25 \$		
.	, <u></u>		宣言 。		
4. Date of incor	poration/qualification: 12-09-02	Document number:	H02000235330 6		
5. The name and	d street address of the current regis rtment of State:		on file with the		
	Business Fillings Incorporated				
1000 West Avenue, Suite 1114					
	Miami Beach, Florida 33139				
6. The name and changed):	nd street address of the new regis	stered agent (if changed) and /or	registered office (if		
	Astrid de Parry, P.A.				
	107 E. Church St.				
	(P.O. Box or personal DeLand, Florida 32724-4323	mailbox NOT acceptable)			
-	ess of its registered office and the ed will be identical.				
Such change was authorized by the	as authorized by resolution duly ache hoard, or the corporation has be				
(Signature of an office	, chairman or vice chairman of the board)	5 teven R. Mony	e President		
I further agree performance of registered agen office address,	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with the Cr, if this document is being fill hereby confirm that the corporation.	ent and agree to act in this capac	city. and complete		
(Salural)	Signature of Registered Agent)	Jun 18, 200	33		
If signing on behal					
	Parry, P.A. Typed or Printed Name)	President (Capacity)	<u> </u>		

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