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(Requestor's Name)	
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09/05/06--01025--015 **35.00

COVER LETTER

Division of Corporations		
SUBJECT: Gulf ATIANTIC FLORDA FISH	inc Magazins, Inc	
DOCUMENT NUMBER: PO300000 ZZ39		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Contact Person)		
<u> </u>	· ·	
(Firm/Company)		
1123 W BROWOUGH St (Address)		
TAUAHASSEL FL 32303 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (8)	50 , Z22 8291 et 100 ea Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of Se	tate.	
Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

TO:

Amendment Section

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: GULF A+LANTIC FLORIDA FISHIWG MAGAZIWE INC		
2. The principal office address: 1123 N. BRONOUGH ST		
TALLAHMSSEE, FL 32303		
3. The mailing address (if different): POBOX (5066		
TALLAHASSEE, EL 32317-5066		
4. Date of incorporation/qualification: 1/8/2003 Document number: P03000002239		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
PETER RUMENIK		
2457 POTTS ROAD		
6. The name and street address of the new registered agent (if changed) and /or registered office		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
LUKT ARTECOWA 3 BAS		
1123 N. Bronough St " B		
(P.O. Box NOT acceptable)		
TALLAHASSEE, LC 32303		
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 charge was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.		
(Signature an officer or director) GEORGE KUDT ARTGONA TREASURER (Printed or typed name and title)		
I hereby attempt 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 natified in writing of this change.		
8/26/06		
(Date)		
If signing on behalf of an entity:		
(Typed or Printed Name)		

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

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