## \*P03000088196

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)		
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(Document Number)  Certified Copies Certificates of Status			
Certified Copies Certificates of Status	(Business Entity Name)		
Certified Copies Certificates of Status			
	(Document Number)		
	Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	·		
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Office

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BOAT BARTNERS INC (Name of corporation	n)
DOCUMENT NUMBER: P03000088196	
The enclosed Statement of Change of Registered Office/Agent and for	ee are submitted for filing.
Please return all correspondence concerning this matter to the follow	ring:
Cuy Ferri (Name of person)	·····
Baat Partners, I (Name of firm/compan	The.
9124 Highland Rida (Address)	ge Way
Tampa FL 33	3647
For further information concerning this matter, please call:	<del>-</del> ,
Guy Ferri at (Name of person)	(8/3) 994 0398 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee. FL 32399

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu	
	tted for a corporation organized under the laws of the State ofFL	in order
to change its reg	sistered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: BOAT PARTNERS INC	
2. The principal	office address: 9207 Highland Ripge Way	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 8 12 03 Document number: 8 03 00 0	088196
5. The name and	I street address of the current registered agent and registered office on file with the tment of State:	
	JAMES E. KELIY	
	9203 Highland Ripge Way	
	TAMPA +1 33647	<del></del> !
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	POS AUG SECRET ALLAHA
	Guy Ferri  9124 Highland Ridge Way  (PO Box or personal mailbox NOT acceptable)  Townson Fr. 22642	ARY ASSET
	9124 Highland Ridge Way  (P.O. Box or personal mailbox NOT acceptable)	A D
	Tampa FL 33647	ID: 38
The street addre	ess of its registered office and the street address of the business office of its registered.	sistered agent, as
	as authorized by resolution duly adopted by its board of directors or by an office corporation has been notified in writing of the change.	
$\overline{}$	E-1/2 fl. Sames E. KE Ley (Printed or typed Name)	
(S) I hereby accept I further agree to duties, and I am being filed mere been notified in	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complet familiar with and accept the obligation of my position as registered agent. Only to reflect a change in the registered office address, I hereby confirm that the writing of this change.	and title) e performance of my or, if this document is the corporation has
	(Signature of Registered Agent) (Date)	1.05
) If signing on bel	Signature of Registered Agent) (Date) half of an entity:	
-0 <b>0                          </b>	·	
	(Typed or Printed Name) (Capacity)	

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