

PD5000/64787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

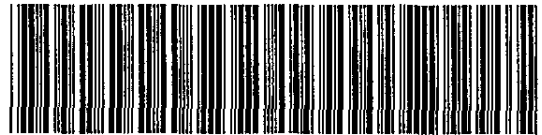
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/06/06--01084--004 **35.00

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06 MAR -6 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Inlet Harbor Marine Services Inc,
(Name of Corporation)

DOCUMENT NUMBER: P05000164787

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:

Gary Wolfe
(Name of Contact Person)

Inlet Harbor Marine Services Inc,
(Firm/Company)

450 Basin Street
(Address)

Daytona Beach, Florida 32114
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Wolfe at (386) 290-4789
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2006

GARY WOLFE
INLET HARBOR MARINE SERVICES, INC.
450 BASIN STREET
DAYTONA BEACH, FL 32114

SUBJECT: INLET HARBOR MARINE SERVICES, INC.
Ref. Number: P05000164787

We have received your document for INLET HARBOR MARINE SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 206A00017821

RECEIVED
06 APR -3 AM 8:00
DIVISION OF CORPORATIONS

**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: Inlet Harbor Marine Services Inc,
2. The principal office address: 450 Basin Street
Daytona Beach, Florida 32114
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/1/06 Document number: P05000164787
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Inlet Harbor Marine Services Inc,

133 Inlet Harbor Road

Ponce Inlet, Florida 32127

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

Inlet Harbor Marine Services Inc,

450 Basin Street

(P.O. Box NOT acceptable)

Daytona Beach, Florida 32114

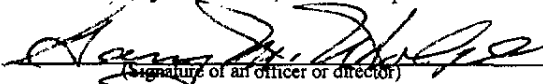
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR -6 AM 9:54

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

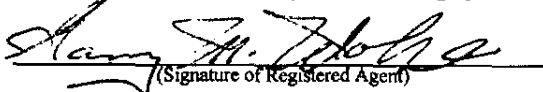
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Gary Wolfe , President

(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)

3/1/2006

(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)