

Division of Corporations

(1/3)

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P06000012835

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
ELYSIAN SHIP MANAGEMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

8/6/13

RA on

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COVER LETTER

TO: *Amendment Section*
Division of Corporations

SUBJECT: ELYSIAN SHIP MANAGEMENT INC.
Name of Corporation

DOCUMENT NUMBER: P06000012835

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:

Yesenia Barnfield
Name of Contact Person
Ravenscroft Shipping, Inc.
Firm/Company
3251 Ponce de Leon Blvd.
Address
Coral Gables, FL 33134
City/State and Zip Code
ybarnfield@Ravenship.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yesenia Barnfield at 305 507-2000
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

CR2BD45 (03/12)

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: ELYSIAN SHIP MANAGEMENT INC.
2. The principal office address: 3251 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/25/2008 Document number: PO8000012835
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)

HOSKINSON, LEONARD J

3251 PONCE DE LEON BLVD.

CORAL GABLES, FL 33134

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

YESENIA E. BARNFIELD - SECRETARY

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.

C T Corporation System

By: _____

Signature of Registered Agent

8/1/13

Date

If signing on behalf of an entity:
Angel Nunez
Assistant Secretary

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

CR2B043 (03/12)