## PD600000 90480

(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:  Corrules downers  by Julyhu Can  The 5-1-12		

Office Use Only



200231594432

04/27/12--01006--018 \*\*35.00

Ruch



NAY 0 2 2012 T. ROBERTS

## **COVER LETTER**

TO:	Amendment S Division of C			
SUBJ	ECT:	Ship Sha Name o	ape, Inc.	
DOCI	UMENT NUM	BER:P(	06000090480	
The er	nclosed Stateme	nt of Change of Registered Of	fice/Agent and fee are submitte	d for filing.
Please	return all corre	spondence concerning this ma	tter to the following:	
		Heathe	er Adamson	
		Name of	Contact Person	
		Ship S	Shape, Inc.	
			/Company	<del></del>
	405 Atlantis Road, Ste 101			
	Address			
	Cape Canaveral, FL 32920 City/State and Zip Code			
	accounting@cruise-aid.com			
	E-	mail address: (to be used for	r future annual report notification	ation)
For fu	rther informatio	n concerning this matter, plea	se call:	
		ather Adamson	at ( <u>321</u> Area Code & Daytime	784-8120
	Name	of Contact Person	Area Code & Daytime	: Telephone Number
Enclos	sed is a \$35.00 c	theck made payable to the Dep	partment of State.	
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

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

•	ge is submitted for a corporation organized under the laws of the State of Florida  Florida
in order	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	e corporation: Ship Shape, Inc.
2. The principal o	ffice address: 405 Atlantis Road, Ste 101, Cape Canaveral, FL 32920
3. The mailing add	dress (if different):
4. Date of incorpo	oration/qualification: 07/07/2006 Document number: P06000090480
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Janne Meinertz
_	1343 Bent Palm Dr
	Merritt - Island, R 32952 28
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office
	405 Atlantis Road, Ste 101 P.O. Box NOT acceptable
<u>(</u>	Cape Canaveral, FL 32920
_	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signature	Janne Meinertz, President Printed or typed name and title
7	the appointment as registered agent and agree to act in this capacity.  comply with the provisions of all statutes relative to the proper and complete performance  I am familiar with and accept the obligation of my position as registered agent. Or, if this  g filed merely to reflect a charge in the registered office address, I hereby confirm that the  been notified in writing of his change.
1.	ture of Registered Agent  Date
Signa	ture of Registered Agent Date
If signing on beha	alf of an entity:
	anne Meinertz ed 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 \* \* \*