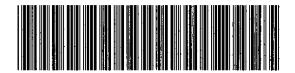
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(Red	questor's Name)			
(Add	dress)			
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(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	Filing Officer:			

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07/23/08--01008--002 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJE	JECT: Down Rite Marine Inc					
	(Name of Corporat	ion)				
DOCU	UMENT NUMBER: P07000064416					
The en	enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.				
Please	e return all correspondence concerning this matter to the	following:				
	Ryan Sewell					
(Name of Contact Person)						
	Down Rite Marine, Inc (Firm/Company	,				
	(1 mis company	,				
	1601 NW 83 Way					
	(Address)					
	Pembroke Pines, Fl. 33024					
	(City/State and Zip (Code)				
For fur	urther information concerning this matter, please call:					
Ryan	n Sewell at (754 \ 423-5914				
Ttyan	(Name of Contact Person)	754 423-5914 (Area Code & Daytime Telephone Number)				
Enclos	osed is a \$35.00 check made payable to the Department o	f State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or registe.	zed under the laws of the State of Flor	ida		
	he corporation: Down Rite Marine Inc.	·			
2. The principal	office address: 1601 NW 83 Way, Pembr	oke Pines, FI 33024			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 06/01/2007	Document number: P070000644	116		
	I street address of the current registered age trment of State:	ent and registered office on file with the	ie		
	Ryan D Sewell		1 (99)		
	5400 SW 55 Ave		A	8	
	Davie, Fl. 33314 US		全部	JUL 23	********
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office	SSFE.F	3 AM IO:	
•	Ryan D. Sewell	 	FLOSIN/	ට: 58	
	1601 NW 83 Way	··	3m	(33)	
	(P.O. Box NOT acceptable) Pembroke Pines, Fl. 33024				
as changed will	ess of its registered office and the street be identical.		_	agent,	,
authorized by the	as authorized by resolution duly adopted ne board or the corporation has been no		icer so		
(Signat	ire of an officer or director)	Ryan D Sewell (Printed or typed name and title)			
I hereby accept I further agree of my duties, ar document is be corporation ha.	the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change.	d agree to act in this capacity. Ites relative to the proper and comple gation of my position as registered as e registered office address, I hereby c	te perfo gent. Oi onfirm t	rmanc ; if thi hat the	e is 2
lega	1) Jewill	July 18, 2008		···	
•	gnature of Registered Agent) chalf of an entity:	(Date)			
(Typed or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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