

P07000117838

Georgiou.
2001 Atlantic Shores Blvd
202
Hallandale FL 33009

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

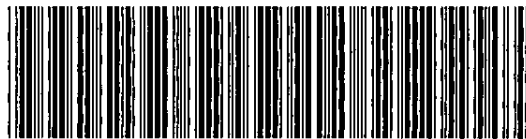
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA OK
10/30/08

**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: FLORIDA MARINE AV, INC
2. The principal office address: ~~2001 ATLANTIC SHORES BL~~
100 NORTH FEDERAL HIGHWAY, #719
3. The mailing address (if different): FORT LAUDERDALE, FL
33301
4. Date of incorporation/qualification: 10/26/07 Document number: P07000117838
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)

ALEXIA GEORGHIOU #202
2001 ATLANTIC SHORES BL
HALLANDALE, FLORIDA, 33309

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

BRUCE M. EVERETT
2720 S.W. 16TH COURT
FORT LAUDERDALE, FLORIDA
(P.O. Box NOT acceptable) 33315

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SECRETARY OF STATE

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]
(Signature of an officer or director)

BRUCE EVERETT
(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]
(Signature of Registered Agent)

BRUCE M. EVERETT
(Date)

If signing on behalf of an entity:

alkfjsaldfj Bruce M. Everett
(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)