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To:

Division of Corporations

Pax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Addount Number : FCA000000023 : (850)222~1092 Phone : (850)878-5368 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

T L	Address:	
mall	VOOLARR:	

REGISTERED AGENT CHANGE JEWELS MARINE USA, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT:	JEWELS MARINE US	SA, INC				
	Name of Corp	oration	· · · · ·			
DOCUMENT NUMBER:	P0900	0099982				
The enclosed Statement of Change	e of Registered Office/A	gent and fee are	submitted for filing.			
Please return all correspondence of	oncerning this matter to	the following:				
	Évelyn S. Br	nham				
	Name of Conta	ct Person				
	JEWELS MARINE	USA, INC				
Firm/Company						
	2020 NW 29th	Street				
**************************************	Addres	Š				
	Oakland Park, Flo	rida 33311				
	City/State and	Lip Code				
	esbconsult@ao	moo.l				
E-mail addres	s: (to be used for futu	re annual report	notification)			
For further information concerning			244 2077			
Evelyn Branha	m 	at ()_	303-2077 Daytime Telephone Number			
Name of Contact P	erson	Area Code &	Daytime Telephone Number			
Enclosed is a \$35.00 check made p	ayable to the Departme	nt of State.				
Mailing A	ddress: ent Section	Street Ad	dress: ent Section			
	of Corporations		of Corporations			
P.O. Box	6327	Clifton B	uilding			
Tallahass	ee, FL 32314		ecutive Center Circle see, FL 32301			
CR2ED45 (8/05)						

Z609EE9998 90:EI ZI0Z/0E/00

CT CORPORATION

FLOOR - OTIZZZZOOS C T System Online

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

		ffice or register MARINE USA ,	ed agent, or both, in the State INC.	of Florida.	
	•	29TH STREET	OAKLAND PARK FL 33311		
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification:	12/10/2009	Document number:	P09000099982	
	id street address of the currer artment of State: (If resigned		ent and registered office on file	e with the	
	WARLEN, GARY M				
	5220 S. UNIVERSITY DR				
	DAVIE FL 33328			_ _ _	
6. The name an (if changed):		egistered agent ((if changed) and /or registered	IZ APR	7
	c/o C T Corporation System	, 1200 South Pin	e Island Road	30 SSEE	1
	Plantation, Florida 33324	P.Q. Box NOT a	cceptable	A B	D
The street addras changed wil	ess of its registered office a l be identical.	and the street ad	dress of the business office	of its register Cage	nt,
Such change wanthorized by t	as authorized by resolution the board, or the corporation	duly adopted by has been notified	y its board of directors or by fied in writing of the change.	an officer so	
3/1	Bed President	<u> </u>	CUECHN S. BRANHAM	President	•
I hereby accept further agree of my duties, as document is be corporation ha	t the appointment as registe to comply with the provision an famitantiar with and a ing filed merely to reflect a is been notified in writing of	red agent and cons of all statute occept the obligation of all statute obligations of this change.	agree to act in this capacity, as relative to the proper and ation of my position as regist registered office address, I he	complete performa ered agent. Or, if t ereby confirm that t	nce his he
Ву:	Corporation System		4/30 Vale 1	12-	- .
Nos	ehalf of an entity!	<u>a</u> s	Madonna Cuddii Pecial Assistant Sec	iy retary	
	\	FILINGFEE			
M CR2E045 (8/05)	MAKE CHECKS PAY (AIL TO: DIVISION OF CORP	able to flori drations, P.O.	ida Department of State . Box 6327, Tallahassee, I	FL 32314	

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