

PO9000100096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

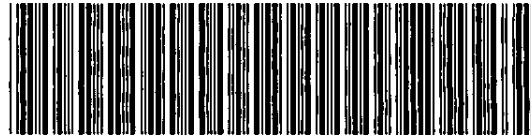
(Business Entity Name)

(Document Number)

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14 FEB -3 PM 1:09  
SECRETARY OF STATE  
FEB 10 2014

APPROVED  
AND  
FILED

C. LEWIS  
FEB - 6 2014  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** South BAY MARINE Group Inc  
Name of Corporation

**DOCUMENT NUMBER:** P09000100096

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:

Nicholas Robb  
Name of Contact Person

South BAY MARINE group  
Firm/Company

401 S LAS OLAS BLVD 130-582  
Address

FT LAUDERDALE, FL 33301  
City/State and Zip Code

SbysI@Hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Robb at (954) 647 0343  
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

**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: SOUTH BAY Marine Group Inc
2. The principal office address: 401 E LAS OLAS 130-582  
FT LAUDERDALE, FL 33301
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12-14-09 Document number: 909000100096  
1-1-10
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)

NORTHWEST RESISTANCE AGENT, LLC  
3030 N. ROCKY POINT DRIVE STE 150A  
TAMPA, FL 33607

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

NICHOLAS Robb  
401 E LAS OLAS # 130-582  
FT LAUDERDALE, FL 33301

P.O. Box NOT acceptable

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

NICHOLAS Robb  
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

1-28-14  
Date

If signing on behalf of an entity:

NICHOLAS Robb  
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 (03/12)

APPROVED  
FEB 10  
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SECRETARY OF STATE