P10000024815

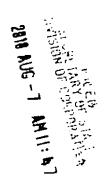
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MR 13 July

COVER LETTER

TO:

Amendment Section **Division of Corporations**



David A. Dunkin Name of Contact Person

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: J & R MARINE SERVICES, INC.	
2. The principal office address: 20400 Haskins Dr., North Fort Myers, FL 33917	
3. The mailing address (if different): same	_
4. Date of incorporation/qualification: 03/19/2010 Document number: P10000024815	
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)	
Royston, Robert D.	
134 SW 52nd St.	
Cape Coral, FL 33914	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Dunkin & Shirley, P.A. 170 West Dearborn Street P.O. Box NOT acceptable	ب آمرو
Dunkin & Shirley, P.A.	⊋. ∵
170 West Dearborn Street P.O. Box NOT acceptable	
Englewood, FL 34223	;
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 of an officer or director Phone 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 into 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 of Registered Agent	
If signing on behalf of an entity:	
Typed 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 * * *