## P13000041515

(Re	questor's Name)				
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
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(Document Number)					
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SECRETARY OF STATE

C. LEWIS

AUG - 9 2013

EXAMINER



PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Susie Knight -- EXT# 52956

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

	ACCOUNT NO.	:	1200000	10195	
	REFERENCE	:	750612	1299A	
	AUTHORIZATION	:	1	Eleman	
	COST LIMIT	:	\$ 35.00		
ORDER DATE :	August 2, 2013				
ORDER TIME :	3:15 PM				
ORDER NO. :	750612-005				
CUSTOMER NO:	1299A				
				. <b></b>	
CHANGE OF AGENT					
NAME:	BIOFOULING SO	LUT:	IONS, INC	1	

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORFORATIONS

statement of char	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.		
1. The name of the corporation: BIOFOULING SOLUTIONS, INC. 2. The principal office address: 300 Admirals Cove Blvd., #308, Jupiter, FL 33477				
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 5/8/2013	Document number: P13000041515		
	street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with the igned)		
	Frederick A. Zucker (resigne	od 7/22/13)		
•	18295 Lake Bend Drive	SECRET T		
	Jupiter, FL 33458	HASSON TO THE PARTY OF THE PART		
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office ?		
	Corporation Service Compar	<u> </u>		
	1201 Hays Street	<i>P</i>		
	Tallahassee, FL 32301	NOT acceptable		
The street address changed will	ess of its registered office and the s	treet address of the business office of its registered agent,		
Such change w authorized by t	as authorized by resolution duly ad he board, or the corporation has be	opted by its board of directors or by an officer so in notified in writing of the change.		
E Fle	the the	E. Fletcher Eyster, President		
I hereby accept I further agree	ny aunes, and I am jamular with is document is being filed merely t that the corporation has been not	ricital of typed name and title  nt and agree to act in this capacity, I statules relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.		
	Hang Blin	8/8/13		
Si	gnature of Registered Agent	Date		
If signing on h	ehalf of an entity:			
	Assistant Vice President			
	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)