## P13000070493

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ad                     | Idress)            | <u> </u>        |
| (Ad                     | ldress)            | <del> </del>    |
|                         |                    |                 |
| (Cit                    | ty/State/Zip/Phone | <del>9</del> #) |
| PICK-UP                 | WAIT               | MAIL            |
|                         |                    |                 |
| (Bu                     | isiness Entity Nar | ne)             |
|                         |                    |                 |
| (Do                     | ocument Number)    |                 |
|                         |                    |                 |
| Certified Copies        | _ Certificates     | of Status       |
|                         |                    |                 |
| Special Instructions to | Filing Officer:    |                 |
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Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: Snipe Regata Shipping, Inc.                                                          |                                      |  |  |
|-----------------------------------------------------------------------------------------------|--------------------------------------|--|--|
| DOCUMENT NUMBER: . P.1.3000, Q.70493                                                          |                                      |  |  |
| 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:                     |                                      |  |  |
| Peter M. Co                                                                                   | ommette                              |  |  |
| Peter Commette, P.A.                                                                          |                                      |  |  |
| 1323 SE 3/d Avenue                                                                            |                                      |  |  |
| Fort Lander date /FL 33316 City/State and Zip Code                                            |                                      |  |  |
| E-mail address: (to be used for future annual report notification)                            |                                      |  |  |
| For further information concerning this matter, please call:                                  |                                      |  |  |
| Name of Contact Person at (9)                                                                 | H, 764-005                           |  |  |
| Name of Contact Person Area                                                                   | Code & Daytime Telephone Number      |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |                                      |  |  |
| Mailing Address: S Amendment Section                                                          | itreet Address:<br>Amendment Section |  |  |
|                                                                                               | Division of Corporations             |  |  |
| ·                                                                                             | Clifton Building                     |  |  |
| Tallahassee, FL 32314                                                                         | 661 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: Snipe Regatta Shipping, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. The principal office address: 1323 Southeast 3rd Avenue  Fort Lauderdale, FL 33316                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3. The mailing address (if different):                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4. Date of incorporation/qualification: 08 123/2013 Document number: P1 30000 7049                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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)                                                                                                                                                                                                                                                                                                                            |
| Spiegel & Utrera, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1840 SW Zand St. 4th Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Miami, FL 33145                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6. The name and street address of the new registered agent (if changed) and /or registered office.                                                                                                                                                                                                                                                                                                                                                                                          |
| Peter M. Commette                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1323 Southeast 3rd Avenue P.O Box NOT acceptable                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Fort Lawlerdale (FL 33316                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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.                                                                                                                                                                                                                                                                                                 |
| Peter M. Commette DV 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 forporation has been notified in writing of this change. |
| 9/10/13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Signature of Registered Agent Bate                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| If signing on behalf of an entity:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Typed or Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

\* \* \* FILING FEE: \$35.00 \* \* \*