P95000075901

i	(Requestor's Name)						
	(Address)	,					
	(Address)						
	(City/State/Zip/Phone #)					
PICK-U	P WAIT	MAIL MAIL					
(Business Entity Name)							
(Document Number)							
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TO: Amendment Section Division of Corporations						
SUBJECT: Winter Park Scenic Boat Tour, Inc.						
(Name of Corporat	ion)					
DOCUMENT NUMBER: P95000075901						
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:					
Beth W. Miller, Esq.						
(Name of Contact Person)						
Beth W. Miller, P.A. (Firm/Company	·)					
645 Vassar Street (Address)						
Orlando, FL 32804						
(City/State and Zip (Code)					
For further information concerning this matter, please call:						
Beth W. Miller, Esq. at ((Name of Contact Person)	407 256-8092 (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department o	,					
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of cha	inge is submitted for	a corporation organ	2, 607.1508, or 617.1508, Flo. ized under the laws of the Stat red agent, or both, in the Stat	e of Florida	this
· 1. The name of	the corporation: W	inter Park Scenic Boa	it Tours, Inc		
		2 E. Morse Blvd., Wir			
3. The mailing a					
4. Date of incor	poration/qualificatio	n: 9/27/1995	Document number: P95	5000075901	
	d street address of th rtment of State:	e current registered a	gent and registered office on fi	ile with the	
	Richard F. Trisr	men			
	213 W. Comst	ock Avenue			Fr. 8
	Winter Park, FL	_ 32789		: 	08 JUL 18
6. The name and (if changed):	d street address of th	e new registered agen	t (if changed) and /or registere	ed office	8 E
	Beth W. Miller			<u>-</u>	TES SE
	645 Vassar Str				
	Orlando, FL 32	(P.O. Box NOT acceptable)			
as changed will	l be identical.		address of the business office		
Such change w authorized by t	as authorized by res he board, or the cor	solution duly adopted poration has been no	by its board of directors or life in writing of the chang	by an officer e.	so
(Signat	ure of an officer or director	r)	Ron Hightower, Presider		
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as to comply with the nd I am familiar wil ing filed merely to r s been notified in w	s registered agent an provisions of all stat h and accept the obl reflect a change in th riting of this change.	d agree to act in this capacit utes relative to the proper an igation of my position as reg e registered office address, I	y d complete po istered agent. hereby confi	erformance Or, if this rm that the
	eth W mil		7/7/08		
	gnature of Registered Ages	nt)	(Date)		

(Typed or Printed Name)				

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