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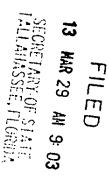
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	Division of Corporations		
SUBJE	ECT: Boggy Reck (Name of Corpor	Riboat Rides Suc.	
DOCUN	MENT NUMBER: P96001	549321	
The enc	closed Statement of Change of Registered Office/Ago	ent and fee are submitted for filing.	
Please re	return all correspondence concerning this matter to the	e following:	
	Margaret V Long		
Name of Contact Person			
	Firm/Compai	ıy	
	1400 Hamlin Ave, Suite H		
Address			
	St Cloud, Florida 34771		
	City/State and Zip Code		
	margie@bcairboats.com		
	E-mail address: (to be used for future annual report notification)		
Con front	when information concerning this matter, places calls		
	rther information concerning this matter, please call: aret V Long	407 791-3642	
	Name of Contact Person		
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclose	sed is a \$35.00 check made payable to the Department	of State.	
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	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.		
in order to change its registered office or registered agent, or com, in the chance of 1 for that		
1. The name of the corporation: Boggy (reek luboat Kides, In		
2. The principal office address: 2001 E Southport Rd		
Kissimmee fl 34746		
3. The mailing address (if different): 1400 Hamlin Ave # #		
ST Cloub 71 3477/28 =		
4. Date of incorporation/qualification: 60 96 Document number: Para open 4932		
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)		
Terry L Torsens		
1400 HAMIN Are ## 8		
ST Cloub 74 34771		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Margaret V Long		
1400 Hamlin Ave #H		
P.O. Box NOT acceptable		
St Cloud FL 34771		
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 MARGARET V Long - V pres. 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 of Registered Agent Date Date		
If signing on behalf of an entity:		
MARGARET V Long 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