

P96000055612

EXCLUSIVE OFFSHORE ADVENTURES, INC.
P.O. Box 2461
PALM CITY, FL. 34991

City/State/Zip

Phone #

Office Use Only

FILED
97 MAY -5 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-04/04/97--01059--007
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

V8 MAY 8 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 10, 1997

EXCLUSIVE OFFSHORE ADVENTURES, INC.
P.O. BOX 2461
PALM CITY, FL 34991

SUBJECT: EXCLUSIVE OFFSHORE ADVENTURES, INC.
Ref. Number: P96000055612

We have received your document for EXCLUSIVE OFFSHORE ADVENTURES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 197A00018038

RECEIVED
97 APR 18 AM 8:42
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 24, 1997

EXCLUSIVE OFFSHORE ADVENTURES, INC.
P.O. BOX 2461
PALM CITY, FL 34991

SUBJECT: EXCLUSIVE OFFSHORE ADVENTURES, INC.
Ref. Number: P96000055612

We have received your document for EXCLUSIVE OFFSHORE ADVENTURES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 097A00021137

RECEIVED
97 MAY -5 AM 8:56
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: EXCLUSIVE OFFSHORE ADVENTURES, INC.

2. The mailing address of the corporation is: P.O. Box 2461, PALM CITY, Florida
34991

3. Date of incorporation/qualification: July 1, 1996 Document number: 996000055612

4. The name and address of the current registered agent and office:

MARKUS K. HODEL
1850 SW PALM CITY ROAD, CUTTY SARK #106
STUART, Florida 34994

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

MARKUS K. HODEL
2205 SW GULL HARBOR LANE
PALM CITY, Florida 34990

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.

M. Hodel, Pres.
(Signature of an officer, chairman or vice chairman of the board)

APRIL 16, 1997
(Date)

MARKUS K. HODEL - PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

X M. Hodel
(Signature of Registered Agent)

5-1-97
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
97 MAY -5 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA