1960000 62820

| (Re | questor's Name) | | | | |
|---|----------------------|--------------|--|--|--|
| (Ad | dress) | | | | |
| (Ad | dress) | | | | |
| (Cit | ry/State/Zip/Phone # | #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | isiness Entity Name |) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates o | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



500338939705

01/13/20--01022--011 ++05.00

2020 CT 13 PH 1:37

R. WHITE FEB 11 2020

COVER LETTER

TO:

| TO: | Amendment Section Division of Corporations | | 1 | |
|--------------|---|---------------------|--|---|
| SUBJ Name | JECT: Courtesy Boat Rentals & Yacht Charters, Inc. of Corporation | c. | | |
| DOC | UMENT NUMBER: P96000062820 | <u> </u> | | |
| The e | nclosed Statement of Change of Registered Offi | icc/Agent and | fee are submitted for filing. | |
| Please | e return all correspondence concerning this matt | ter to the follow | wing: | |
| Fawn | Batchelor | | | |
| Name | of Contact Person | | | |
| Sunny | / Island Adventures | | | |
| Firm/ | Company | | | |
| PO Bo | ox 217 | | | |
| Addre | ess | | | |
| • | va, FL 33924 | | | |
| City/S | State and Zip Code | | | |
| | fawn@sunnyislandadventures.com | | | |
| E-ma | ail address: (to be used for future annual repo | ort notificatio | n) | |
| For fu | urther information concerning this matter, please | e call: | | |
| Fawn | Batchelor | at (⁹⁵⁴ | 562-5183 | |
| | Name of Contact Person | Area (| 562-5183 Code & Daytime Telephone Numbe | r |
| Enclo | osed is a \$35.00 check made payable to the Depa | urtment of Stat | e. | |
| | Mailing Address: Amendment Section | <u>St</u> | reet Address: mendment Section | |
| | Division of Corporations | | ivision of Corporations | |
| | P.O. Box 6327 | | lifton Building | |
| | Tallahassee, FL 32314 | | 661 Executive Center Circle | |

Tallahassee, FL 32301

CR2E045 (04/13)

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

| statement of change is s | ubmitted for a corporation c | 7.0502, 607.1508, or 617.1508, Florida , organized under the laws of the State of _s registered agent, or both, in the State of I | Florida | |
|---|--|--|---|--|
| 1. The name of the corn | oration: Courtesy Boat Renta | als & Yacht Charters, Inc. | | |
| | ddress: 5400 Plantation Road | | | |
| 3. The mailing address (| if different): PO Box 217 C | aptiva FL 33924 | | |
| 4. Date of incorporation | /qualification: 7/26/1996 | Document number: P960000 | 62820 | |
| 5. The name and street a | | cred agent and registered office on file w | | |
| James ? | | | | |
| Office l | Office Principal Address: 5400 Plantation Rd, Captiva, FL 33924 | | | |
| (if changed): New Y The street address of its as changed will be iden Such change was autho authorized by the board | Mailing Address of Reg. Ager P registered office and the stical. rized by resolution duly ad | d agent (if changed) and /or registered of nt: 14820 Captiva Dr. Captiva, FL 33924 2.O. Box NOT acceptable street address of the business office of it lopted by its board of directors or by an en notified in writing of the change. | ts registered agent. | |
| 12 1. | 15 rd 1- 5 | James N. Batchelor, President Printed or typed name and b | | |
| I hereby accept the app I further agree to comp of my duties, and I am a document is being filed corporation has been n | ointment as registered age ly with the provisions of al familiar with and accept th merely to reflect a change otified in writing of this ch degisteral Agent | Printed or typed name and the third agree to act in this capacity. It statutes relative to the proper and content of the proper and content of the position as registered in the registered office address. Therefore, $\frac{1-9-2026}{Date}$ | nplete performance d agent. Or, if this by confirm that the | |
| If signing on behalf of a | | | | |
| , | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (04/13)