

580702

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
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(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 0 9 2015 T. CARTER

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, statement of change is submitted for a corporation organized under the laws of the State of <u>FLOR</u> in order to change its registered office or registered agent, or both, in the State of Florida.	104
1. The name of the corporation: AERO-MARINE TECHNOLOGIES INC	. •
2. The principal office address: 8231 BURNT STORE ROAD	
PUNTA GORDA, FL 33950	
3. The mailing address (if different): C/O MICHAEL R. MCKINLEY	
4. Date of incorporation/qualification: 9/14/91 Document number: 580702	
4. Date of incorporation/qualification: 9/14/91 Document number: 580702	
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) Michael R. McKi	inley
WOTITZKY WOTITZKY ROSS & MCKINLEY	1
223 TAYLOR STREET	
PUNTA GORDA, FL 33950	15 TAL
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): BUCKMAN & BUCKMAN P.A.	FEB-3 F
2023 CONSTITUTION BLVD.	PM 3:
SARASOTA FL 34231	AFE RIDA 30
The street address of its registered office and the street address of the business office of its register as changed will be identical.	ered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer sauthorized by the board, or the corporation has been notified in writing of the change.	50
X // Joseph Vaughn	
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. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the corporation has been notified in writing of this change.	istered ess, I
1/27/15	
Date Of Registered Agent	
If signing on behalf of an entity:	
Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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