V23637

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP		
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
• n mer		
	Office Use Only	1

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10/21/03--01070--004 **35.00

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Ps 10/23/03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporat.ons

Hoventures (Name of corporation) neys Inc. 419 SUBJECT corporation) 23637 DOCUMENT NUMBER: 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: OBERICK COLEMAN aleman : Associates, P., 120 E. PAIMETTO (Address K RD. Suite 150 BOCA RATON, Fl. 33432

For further information concerning this matter, please call:

NDERICK

(Name of person)

at (56/) 620 - 9292 (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State,

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

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 <u>+ ORidA</u> in order
to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: FloridA KEYS Adventures Unlimited, and.
2. The principal office address: HOLIDAY Inn MArina MM 100
Key LARGO, FL 33037
3. The mailing address (if different): 3170 N. FEdevAl Highway
Suite 210, Pompano BEACH. FL 33064
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Steve S. D'Apuzzo
3170 D. FEderal Huy. Suite # 210
Pompeno Beach, FL 33064 Ei S
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Koderick F. Coleman, ESQ. He = II
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$\frac{120 \text{ E. } \text$
BOCA RAton, FL 33432

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.

er 00 (Signature of an office No

pres , baller ted or typed name and time

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 mereby 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)

If signing on behalf of an entity:

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	10/16/07
3	(Date)

(Typed or Printed Name)

(Capacity)

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

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