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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

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Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

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REGISTERED AGENT CHANGE SEABOURN CRUISE LINE LIMITED INC.

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COVER LETTER

Division of Con			
SUBJECT:	SEABOURN CRUISE LI	NE LIMITED INC.	
SOESEC1	Name of C	Corporation	
DOCUMENT NUMBE	R:F0	4000000935	
The enclosed Statement	of Change of Registered Offic	ce/Agent and fee are submi	tted for filing.
Please return all correspondent	ondence concerning this matte	r to the following:	
		d. Teves	
	Name of Co	ntact Person	
	Seabourn Cruise	Line Limited Inc.	
Firm/Company			
	300 Elliott Avanue West		
Quellan " is	Add	iress	
	Seaule, V	VA 98119	,
	City/State a	nd Zip Code	
	gteves@hollan		
E-m	ail address: (to be used for i	iuture annual report notif	ication)
For further information of	concerning this matter, please	call:	
Glo	ria M. Teves	at (206)	298-3858
Name of	Contact Person	Area Code & Dayti	me Telephone Number
Enclosed is a \$35.00 che	ck made payable to the Depart	tment of State.	
;	Mailing Address: Amendment Section	Street Address: Amendment Se	ction
	Division of Corporations P.O. Box 6327	Division of Co	
	Tallahassee, FL 32314	Clifton Buildir 2661 Executiv Tallahassee, Fl	e Center Circle

CR2E045 (8/05)

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

	ange is submitted for a corporation organized under the laws of the State of ter to change its registered affice or registered agent, or both, in the State of	
I. The name of	the corporation: SEABOURN CRUISE LINE LIMITED INC.	
	office address; 6100 BLUE LAGOON DRIVE #400, MIAMI FL 33126	
3. The mailing	address (if different); LEGAL DEPT., MLGL 815, 3655 N.W. 87 AVENUE, 1	MIAMI FL 33178
4. Date of incom	poration/qualification: 02/09/2004 Document number:	F04000000935
5. The name an Florida Dopa	d street address of the current registered agent and registered office on file atment of State: (If resigned, enter resigned)	with the
	PEREZ, ARNALDO	
	3655 N.W. 87 AVENUE, MLGL 815	
	MIAMI FL 33178 US	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	office 11 MAY
	C T Corporation System	HAY I
	c/o C T Corporation System, 1200 South Pine Island Road	
	P.O. Box NOT scooptable	PH 12: 4
	Plantation, Florida 33324	2:
The street address changed will	ess of its registered office and the street address of the business office of the identical.	its registered agent, CD
Such change wanthorized by	as authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so
Liller	A X Mac Richard D. Moadows,	
I havahu occani	to of an other or director Printed or typed name and	
I further agree of my duties, a	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and call tantities relative to the proper and call am familiar with and accept the obligation of my position as registeing filed merely to reflect a change in the registered affice address, I herefore notified in writing of this change.	omplete performance red agent. Or, if this
document is be- corporation ha	ing filed merely to reflect a change in the registered office address, I her reen notified in writing of this change.	eby confirm that the
Ву:	Scoth place System	/1/
	pusture of Registered Agent Dete	
If signing on be	shalf of an entity:	
r	yped 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 CR2E045 (8/05)