Faa000005115

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)		
((Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
J. HORNE APR 24 2024			

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04/04/24--01003--019 **85.00



COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: NAUTICAL COMMERCE INC.	
or corporation	
DOCUMENT NUMBER: F22000005175	
The enclosed Statement of Change of Regi	istered Office/Agent and fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Ed Tsuji	
Name of Contact Person	
MyCompanyWorks, Inc.	
Firm/Company	
187 East Warm Springs Road, Suite B	
Address	
Las Vegas, NV 89119	
City/State and Zip Code	
notice@rasi.com	
E-mail address: (to be used for future a	nnual report notification)
,	·
For further information concerning this ma	atter, please call:
Ed Tsuji	at (702)362-2677 Area Code & Daytime Telephone Number
Name of Contact Person	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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	unge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Delaware steed agent, or both, in the State of Florida.
		•
2. The principal	the corporation: NAUTICAL COMMEROUS office address: 18 W 21ST STE 900, NE	EW YORK, NY 10010
3. The mailing a	address (if different):	
4. Date of incoη	poration/qualification: 08/16/2022	Document number: F22000005175
	I street address of the current registered timent of State; (If resigned, enter resigned)	l agent and registered office on file with the med)
	REGISTERED AGENTS INC.	
	7901 4 ST N STE 300	
	ST PETERSBURG, FL 33702	
(if changed):		gent (if changed) and /or registered office
	Registered Agent Solutions, Inc.	
	Registered Agent Solutions, Inc. 2894 Remington Green Ln., Ste. A P.O. Box NOT acceptable Tallahassee, FL 32308 Press of its registered office and the street address of the business office of its registered agentil be identical.	
	P.O.1 Tallahassee, FL 32308	30x NOT acceptable
The street addreas changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adoption board, or the corporation has been in	ted by its board of directors or by an officer so.
/s/ NIKLAS HALUSA		NIKLAS HALUSA, President
_	re of an officer or director	Printed or typed name and title
I further agrée : of my duties, an document is bei	the appointment as registered agent of to comply with the provisions of all st ad I am familiar with and accept the of ing filed merely to reflect a change in s been notified in writing of this chang	atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the
/s/ Ricardo C	Prozco, Assistant Secretary	03/28/2024
Sig	nature of Registered Agent	Date
If signing on be	chalf of an entity:	
Ricardo Orozco,	Assistant Secretary	
T	yped or Printed Name	
	* * * FILING 1	FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)