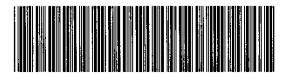
## MORDOLLOSOF

(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
· (Bu	siness Entity Nam	e)				
		-,				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					

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NO. 19 MIS



August 5, 2015

JILL GUIDICY 7665 CORPORATE CENTER DRIVE MIAMI, FL 33126

SUBJECT: SEVEN SEAS CRUISES S. DE R.L., LLC

Ref. Number: M08000000509

We have received your document for SEVEN SEAS CRUISES S. DE R.L., LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 015A00016442

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations		•		
SUBJECT: SEVEN SEAS CRUISES S. DE	R.L., LLC			
SUBJECT: Name of	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for fi	ling.		
Please return all correspondence concerning this ma	tter to the following:			
JILL A. GUIDICY				
Name of Person	<del></del>			
C/O OCEANA CRUISES, INC				
Firm/Company				
7665 Corporate Center Drive		20 TAL		
Address		LAN A		
Miami, FL 33126		2015 AUG 18 SECRETARY ( ALLAHASSEE		
City/State and Zip Code			m	
JGuidicy@ncl.com		A IO: FSTAI		
E-mail address: (to be used for future annual re	eport notification)	51 10A		
For further information concerning this matter, pleas	se call:			
JILL A. GUIDICY	305 436.4035			
Name of Person	Area Code & Daytime	Felephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	egistration Section ivision of Corporations O. Box 6327		
Enclosed is a check for the following amo	unt:			
☐ \$25 Filing Fce	□ \$55 Filing Fee & Certified	Сору		
INHS18 (2/14)				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1,	Na	me of the limited liability company: SEVEN SEAS	CRU	ISE	ES S. D	E R.L., LLC
2.	(a)	8300 N.W. 33RD STREET	(b) 8300 N.W. 33RD STREET			
	(11)	Principal office address of limited liability company:	- (	۔ ر		Mailing address of limited liability company:
		( <i>Note: MUST BE STREET ADDRESS</i> ) SUITE 100		,	NUTE:	(Note: MAY BE POST OFFICE BOX)
		30112 100	_	_	SUITE	100
		MIAMI, FL 33122	_	1	MIAMI,	FL 33122
		01/31/2008		М	080000	000509
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	JILL A. GUIDICY				
•	()	Registered Agent and Registered Office shown on the records of th	e Florid	la D	ept. of Sta	te:
		8300 N.W. 33RD STREET				
		Registered Office Address SUITE 100	ODRES	<u>'S)</u>		
		MIAMI , FL 3	33122	2		
	(b)	JILL A. GUIDICY				SECRE ALLAH
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office ac	ddro	<u>:ss</u> :	AHASS
		7665 Corporate Center Drive				SEE. FI
		NEW Registered Office Address:				O STATE LORIDA
		Miami , FL	33126	3		_
the age was the S	cha ent v s/we arti ignal ignal ignal ovisi obli nero ified	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liabore of a member of authorized representative of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete properties of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	he regoility conthe lired mited We e to accerforn for in creby conthe cont	iste com mite lial enc ct ir man Chi con,	red office pany, it and liability conditions this capace of my apter 60 firm that	tee and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  K, Director  Printed or typed name of signee  pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
		Division of Corporations P.O. Bo				3300, FL 34314