Division of Corporations

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(((H190003136163)))



H190003138163ABC/

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Division of Corporations

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Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

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Email Address: bruce.zavon@zavontax.com

REGISTERED AGENT CHANGE NAUTICAM INC.

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Corporate Filing Menu

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

statement of cha	ange is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	
1. The name of (the corporation:Nauticam, Inc		
The principal	office address:2303 N Andrews Av	/e	
	erdale FL 33311		
		Z AVP	
	address (if different): <u>2303 N Andrew</u> derdale FL 33311		
		D490007C09C	
 Date of incorp 	poration/qualification: 09/11/2018	Document number: P18000076986	
	d street address of the current registered runent of State: (If resigned, enter resign	agent and registered office on file with the ned)	7.7
	Canon, Ryan K		•
	1478 SW 18th Terrace		
	Ft. Lauderdale FL 33312		,
The name and (if changed):		ent (if changed) and /or registered office	
	501 Riverside Ave Ste 600		
		OT acceptable	
	Jacksonville FL 32202		
	$\widehat{}$	et address of the business office of its registered agent ed by its board of directors or by an officer so notified in writing of the change.	t,
SULLOFIZED BY U	negloard, of the thirporation has been h		
Sign.Fin	De of St officer of director	Ryan K Canon Proted or typed name and title	
I hereby accept I further agree performance of agent Or, if th Aereb confirm	t the appointment as registered agent a to comply with the provisions of all sta my duities, and I am familiar with and its document is being filed merely to re that the corporation has been notified	nd agree to act in this capacity. Itutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address. I in writing of this change.	
-Amrii	macure of Registered Agent	10/23/2019 Date	
If signing on be	chalf of an entity:		
Marvin C. F	Kloeppel		
	yped or Printed Name		

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

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)