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| PICK-UP WAIT MAIL | | | | | | | |
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| (Business Entity Name) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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DEPARTMENT OF STATE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I20000000195 REFERENCE : 583112 5044343 AUTHORIZATION : Muchalle man COST LIMIT : \$ 35.00 ORDER DATE : April 4, 2017 ORDER TIME : 3:23 PM ORDER NO. : 583112-015 CUSTOMER NO: 5044343 CHANGE OF AGENT |
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| COST LIMIT : \$ 35.00 ORDER DATE : April 4, 2017 ORDER TIME : 3:23 PM ORDER NO. : 583112-015 CUSTOMER NO: 5044343 |
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| CUSTOMER NO: 5044343 |
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| CHANGE OF AGENT |
| CHANGE OF AGENT |
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| |
| NAME: YACHTING PROMOTIONS, INC. |
| |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY |
| XX PLAIN STAMPED COPY |

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT#

COVER LETTER

| то: | Amendment Section Division of Corporations | | | | | | |
|--|---|---|--|--|--|--|--|
| SUBJE | Yachting Promotions, Inc. | | | | | | |
| .50202 | Name of (| Corporation | | | | | |
| DOCUN | 498855 MENT NUMBER: | | | | | | |
| The encl | losed Statement of Change of Registered Offic | ce/Agent and fee are submitted for filing. | | | | | |
| Please re | eturn all correspondence concerning this matte | er to the following: | | | | | |
| | Patricia Peter | | | | | | |
| Name of Contact Person | | | | | | | |
| Informa | | | | | | | |
| Firm/Company | | | | | | | |
| 711 3rd Avenue, 8th Floor | | | | | | | |
| Address | | | | | | | |
| New York, New York 10017 | | | | | | | |
| City/State and Zip Code | | | | | | | |
| patty.peter@informausa.com | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | |
| For furth | ner information concerning this matter, please | call: | | | | | |
| Patricia | Peter | 917 332-2185 at (| | | | | |
| - | Name of Contact Person | at (| | | | | |
| Enclosed | t is a \$35.00 check made payable to the Depar | tment of State. | | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporations Clifton Building | | | | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |

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

| statement of cha | provisions of sections 607.050 nge is submitted for a corporc r to change its registered offic | ation organized under th | he laws of the | State of Flo | orida | |
|---|--|---|--|----------------------|-----------------------------------|--|
| 1. The name of t | he corporation: YACHTING F | ROMOTIONS, INC. | | | | |
| 2. The principal | office address: 1115 NE 9th A | Avenue, Fort Lauderdal | e, FL 33304 | | | |
| 3. The mailing a | ddress (if different): 101 Para | mount Drive, Ste. 100. | Sarasota, FL | 34232 | | |
| 4. Date of incorp | poration/qualification: 03/15/ | 1976 Docum | nent number: | 498855 | | |
| | street address of the current i tment of State: (If resigned, ea | | istered office | on file with | the | |
| | Corporation Service Compa | ny | | | | |
| | 1200 S. PINE ISLAND RD. | | | . | | |
| | PLANTATION, FL 33324 | | | SECRE | <u> </u> | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | | | | | |
| | Corporation Service Compa | ny | | 100 E | | |
| | 1201 Hays Street | | | | 5 | |
| | Tallahassee | P.O. Box: NOT acceptable | FL 32301 | | | |
| | ss of its registered office and be identical. | | | | | |
| authorized by th | s authorized by resolution due board, or the corporation h | as been notified in writ | ing of the cha | or by an on ange. | icer so | |
| Porta | Ple | Patricia Pe | ter, Assistant | | | |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | the appointment as registere o comply with the provisions on your duties, and I am familiar s document is being filed menthat the corporation has been Service Company | d agent and agree to ac of all statutes relative with and accept the ob rely to reflect a change a notified in writing of | et in this capa to the proper ligation of my in the registe this change. | | ete s registered uddress, I | |
| If signing on bel | nalf of an entity: | | | | | |
| | Melissa Zender | | | | | |
| Ту | Asstrivice President | | | | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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