734630

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment : Division of C		
Division of C	orporations	
SURJECT: Seven S	eas Cruising Association, Inc.	
	Name of Co	orporation
DOCUMENT NUM	BER: 734630	orporation 28
The enclosed Stateme	ent of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all corre	espondence concerning this matter	to the following:
Kii	mberly Russo Name of Cor	tact Person
	Name of Cor	ttact i cison
<u> </u>	KFR Services, Inc. Firm/Co	many
	r mireo	inpany
50	0 Oakbrook Lane Add	1000
	Addi	CSS
5	Summerville, SC 29485 City/State ar	od Zin Codo
	Chy/State at	iu Zip Couc
	ce@ssca.org	the second read notification)
t.	e-mail address: (to be used for f	uture annual report notification)
Ear further informati	ion concerning this matter please.	call
roi turmer miorman	on concerning this matter, please	Latt.
Kimberly Russo	e of Contact Person	at (843) 879-5030 Area Code & Daytime Telephone Number
:Name	e of Contact Person	Area Code & Daytime Telephone (Valide)
Enclosed is a \$35.00	check made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	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 change is submitted for a corporation organi in order to change its registered office or registe	ized under the laws of the State of Florida	
1. The name of the corporation: Seven Seas Cruising Asso	ociation, Inc.	
2. The principal office address: 500 Oakbrook Lane		
Summerville, SC 29485		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 12/18/1975	Document number: 734630	
5. The name and street address of the current registered as Florida Department of State: (If resigned, enter resigned)	•	
MKAM, JUDITH R CORAL		
10211 WEST SAMPLE ROAD SUITE 1	14	
SPRINGS, FL 33065		
6. The name and street address of the new registered agen (if changed):	at (if changed) and /or registered office	
Registered Agents Inc.	28 67.	
3030 N. Rocky Point Dr. STE 1504		
P.O. Box NOT acceptable		
Tampa FL 33607	න ' 	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent.	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Signature of an officer for director	Kimberly Russo, Executive Director Printed or typed name and title	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	d agree to act in this capacity. tes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I	
Bel Home	8/22/2017	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Bill Havre		
Typed or Printed Name	F. C37.00 + 4 +	
* * * FILING FE	L: >>>.UU * * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)