F020005118

(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
AUG - 8 2023





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06/20/23--01023--005 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

Odussay Marine Services Inc	
SUBJECT: Odyssey Marine Services, Inc. Name of Corporation	
DOCUMENT NUMBER: F02000005778	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Susan Fennessey	
Name of Contact Person	
Odyssey Marine Exploration, Inc.	
Firm/Company	
205 S. Hoover Blvd., Suite 210	
Address	
Tampa, FL 33609	
City/State and Zip Code	
sfennessey@odysseymarine.	com
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Susan Fennessey	at (813)876-1776 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	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Ston organized under the laws of the State of $\frac{N}{2}$ or registered agent, or both, in the State of Flor	levada
1. The name of	the corporation: Odyssey Marine	Services, Inc.	
2. The principa	l office address: 205 S. Hoover Bly	vd., Suite 210, Tampa, FL 33609	
3. The mailing	address (if different):		
4. Date of incor	incorporation/qualification: 11/18/2002 Document number: F02000005778		
	d street address of the current regi artment of State: (If resigned, enter	istered agent and registered office on file with resigned)	1 the
	Laura L. Barton		
	205 S. Hoover Blvd., Suite 210		
	Tampa, FL 33609		****
6. The name an (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	ETL 23 JUN 20 North Jan All Lingssi
	Susan Fennessey		inia in
			# STA
		P.O. Box. NOT acceptable	7 57 DROP
The street addr	ress of its registered office and th I be identical.	ne street address of the business office of its	registered agent,
Such change wauthorized by t	cas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so
	-2-6	Susan Fennessey, Secretary	
I hereby accep I further agree of my duties, a document is be	to comply with the provisions of	Printed of typed name and title igent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered age in the registered office address, I hereby change.	olete performance
_		6/6/2023	
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
	Typed or Printed Name	_	

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