FOWOOLOGIZO

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Čit	y/State/Zip/Phone	# <u></u>			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



800277115168

09/18/15--01028--019 **35.00

DIVISION OF CONFRESION OF CONFRESION OF CONFRESION OF CONFRESION OF STANDARD OF THE PARTY OF THE

RARD Ch8

SEP 23 2015 I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscgolbal.com

Date: September 16, 2015

Order#: 780076/002

Re: CARIB QUEEN LTD., CORP.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	ange is submitted for a corp	0502, 617.0502, 607.1508, or 6 poration organized under the la ffice or registered agent, or bo	nvs of the State of F	<u>-</u>	
1. The name of	the corporation: CARIB QU	JEEN LTD., CORP.			
2. The principal	office address:	take Island, Majuro, MI 96960			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 05/0	D2/2006 Document	number: F060000	03200	
	d street address of the curre rtment of State: (If resigned	nt registered agent and register l, enter resigned)	ed office on file wit	th the	
	NRAI Services, Inc.				
	1200 South Pine Island R	load			
	Plantation	FL	33324	2	÷.
6. The name and (if changed):	I street address of the new r	d /or registered off	ice SEP 18	TSION OF	
	Corporation Service Com	pany		79	
	1201 Hays Street			က် T	
	Tallahassee	P.O. Box NOT acceptable	32301	7	3.Z
The street addre	ess of its registered office a be identical.	and the street address of the bu	siness office of its	registered agent	ί,
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	duly adopted by its board of on has been notified in writing of	lirectors or by an o of the change.	fficer so	
0	126	Dona Priebe		Authorized Per	son
J	re of an officer or director		ed or typed name and title		
I further agree is performance of agent. Or, if this hereby confirm	to comply with the provision my duties, and I am famili is document is being filed i	ered agent and agree to act in one of all statutes relative to the ar with and accept the obligate merely to reflect a change in the een notified in writing of this c	ne proper and comp ion of my position he registered office	olete as registered c address, I	
By: Drace	e Cokubie	September 15,			
_	nature of Registered Agent		Date		
If signing on be	half of an entity:				
	Assist. Vice President				
Ty	yped or Printed Name				