F170000005744

| (Requestor's Name) | | | |
|---|------|--|--|
| | | | |
| (Address) | | | |
| , | | | |
| | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| | | | |
| PICK-UP WAIT | MAIL | | |
| | | | |
| (Pusings Estitutions) | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Sta | tus | | |
| | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |





200312026152

04/18/18--01026 -017 **35.00



AR IS PAR

APR 1 9 2018 T. LEAGELIX \mathcal{N}_{Q}



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Valerie Miller valerie.miller@cscglobal.com

Date: April 16, 2018

Order#: 149628-026

Re: DUFRY CRUISE SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Valerie Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

| statement of cha | provisions of sections 607.0502, 617.050 mge is submitted for a corporation organ r to change its registered office or registe | ized under the laws of th | ne State of DELAWARE | |
|--|---|--|---|--|
| 1. The name of t | he corporation: DUFRY CRUISE SERVI | CES, INC. | | |
| 2. The principal | office address:9TH STREET, SUITE 114 MIAMI FL 33 | Market India | | |
| 3. The mailing a | ddress (if different): | | 700000 | |
| 4. Date of incorp | poration/qualification: 02/16/2017 | Document number | F17000000744 | |
| | street address of the current registered at tment of State: (If resigned, enter resigne | | e on file with the | |
| | DILONE, ISORYS | | | |
| | 10300 NW 19TH STREET, SUITE 114 | | | |
| | MIAMI | FL 33172 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered of fice (if changed): | | | | |
| | Corporation Service Company | | D C | |
| | 1201 Hays Street | | | |
| | P.O. Box NOT a | acceptable FL 32301 | | |
| | ss of its registered office and the street a be identical. | address of the business of | office of its registered agent, | |
| | s authorized by resolution duly adopted e board, or the corporation has been not | | | |
| | e of an officer or director | Jill Cilmi, Vice Presider | | |
| I hereby accept to a further agree to performance of a gent. Or, if this hereby confirm to the second secon | the appointment as registered agent and comply with the provisions of all statumy duties, and I am familiar with and act statumy duties, and I am familiar with and act statument is being filed merely to reflet that the corporation has been notified in Service Company | agree to act in this cap tes relative to the prope cept the obligation of n ct a change in the regis writing of this change. | pacity. er and complete ny position as registered | |
| By: Sign | ature of Registered Agent | 04/09/2018 | e | |
| If signing on bel | nalf of an entity: | | | |
| · | Asst. Vice President | | | |

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