Requestor's Name Address City/State/Zip Phone # -Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Pick up time Certificate of Status ☐ Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ ONISION OF CORFORATION OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

1 . . . Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1b. Date of incorporation 6/11/80	
2. The name and address of the cur Mark S. Davis 901 S. America Way	rrent registered agent and office:
Port of Miami Miami, FL 33132	HAS NOV T
3. The name and address of the new (P.O. Box Not Acceptable Corporation Company of Mi 201 S. Biscayne Bivd., 16 Miami, FL 33131	e) The Republic Repub
The street address of its registered a of its registered agent as changed wi	agent and the street address of the business office
Such change was authorized by reso an efficer so authorized by the board SIGNATURE DATE	olution duly adopted by its board of directors or by d.

Sun & Sea Tours, Inc.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE (Registered Agent) Jill Zammas,

DATE 11467 Asst. Sec.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) FILING FEE: \$35.00