1/28/2016



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LLC REGISTERED AGENT CHANGE **BAGS FOR CRUISES, LLC**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BAGS for Cruises,	LLC			
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6751 Forum Drive Suite 200 Orlando, Florida 32821			
12/30/2004	1.05000000390			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Ageut and Registered Office shown on t	he records of the Florida Dept. of State:			
Registered Agent:	C T CORPORATION SYSTEM			
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:			
NEW Registered Agent:	Business Filings Incorporated			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road Plantation FI:33324			
If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office of cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of			
Signature of a member of authorized representative of a member				
Craig C. Matcer, Manager Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and a comply with the provisions of all standes relative to the product and I am familiar with and accept the obligations of my pochapter 003, F.S. Or, if this document is being filed to he address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.			
Mark Williams, AVP Business Filings Incorporations of Registered Agent	ated			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INH\$18 (12/13)