


2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVAL
AND
FILED

15 FEB -3 AM 10:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L13000171474 1. Entity Name SEA WORLD CARRIERS LLC	
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Principal Place of Business 4526 BANNEKA ST ORLANDO, FL 32811	Mailing Address 4526 BANNEKA ST ORLANDO, FL 32811
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02032015 REIN-LLC CR2E101 (12/11)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

PAUL, HERMAN
4526 BANNEKA ST
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name: **Elisa Jackson**
 Street Address (P.O. Box Number is Not Acceptable):
107 Baptist Rd
 City: **110yd** FL Zip Code: **32337**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$238.75
After January 1, 2016, Fee will be \$377.50

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	PAUL, HERMAN
STREET ADDRESS	4526 BANNEKA ST
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	Ray Glenn. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	29 Broadway Ave #108
STREET ADDRESS	FT Myers FL
CITY-ST-ZIP	33901
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* Date: **2/3/15** E-MAIL ADDRESS: _____

FEB -3 AM
EXAMINER