## 15000089648

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
	<u> </u>			
_ (C	City/State/Zip/Phone #)			
PłCK-UP	☐ WAIT	MAIL		
	Davis and Frakks No.	<del></del>		
(1	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
<del>-</del>	<u> </u>	<del></del>		
Special Instructions to	o Filing Officer:			
	<del></del>	•		





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## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SANCTUARY CE Name of L	imited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
OTHO CAMPSell Name of Person	<del></del>				
GRACTVARY CRUISES LL Firm/Company	<u>C</u>				
3/41 VI, 86/21A ST Address					
MIAMI FC 33/ City/State and Zip Code	<u>'13</u>				
E-mail address: (to be used for future annual rep	oort notification)				
For further information concerning this matter, please	call:				
OTHO CAMPSEK at (	804 ) 240-4345 Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
⊡≾25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ime of the limited liability company:	JARY (	CEUISED	Lu
2 (a)	3/41 VILEGIAIA 52	(h)	•	EAMI-
<b>2</b> . (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- (0)	Mailing a	iddress of limited liability company:  MAY BE POST OFFICE BOX
	MIKNI FC 33/13	<del>.</del> —		
	Date of filing/registration in Florida		1, 15000	O & 9 6 4 8
3.	Date of filing/registration in Florida	4.	Docun	ient number
5. (a)	BOTTLE JEAR O'SULUSA-			
•	Registered Agent and Registered Office shown on the records of the		ot, of State:	
	3145 UNF6,-11 51			
	Registered Office Address (MUST BE FLORIDA STREET AL			
	MIHMI FR 3371			
		<del></del>		76
	, FL	33//	3	291
				)(29 DEC
(b)	OTHO CAMPBELL			<u>-</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	<u> Office_addres</u>	<u>s</u> :	70
	7/4/ 1200 1			P
	3/4/ UIRGI~IN 52			<b>5</b> ; 2
	NEW Registered Office Address:			์ ได้ใ
		· ) >		
	MIAM/ FL	93/1	3	
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egistered o ility compa the limited	ffice and the bu any, it is hereby I liability comp	usiness office of the registered y confirmed that the change(s)
			THO C	or typed name of signee
Signa	atule of a member or authorized representative of a member		Printed	or typed name of signee
I here provise the object to mer notifie	by accept the appointment as registered agent and agree ions of all stockles relative to the proper and complete poligations of my position as registered agent as provided pely reflect a change in the registered office address. I he din writing of this change.	e to act in the terformance for in Chapter to the terms of the terms o	this capacity. It is of my duties, of oter 605, F.S. of irm that the limi	further agree to comply with the and I am familiar with and accept Or, if this document is being filed ted liability company has been
Signau	ure of Registered Agent			