115000/8/304

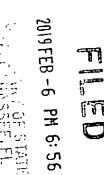
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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C. GOLDEN FEB 1 3 2019

COVER LETTER

TO:

Registration Section

Divi	ision of Corporations						
SUBJECT:	Clearwater SunCoast Charters, LLC						
Jobsec 1.	Name of Limited Liability Company						
Dear Sir or I	Madam:						
The enclose	d Registered Agent/Registered Off	ice Change and t	ce(s) are submitted for filing.				
Please return	n all correspondence concerning th	is matter to the f	ollowing:				
Derek Pat	terson						
	Name of Person		_				
	Firm/Company						
650 Cleve	eland St, Suite 1668		_				
	Address						
Clearwate	er, FL 33755						
,	City/State and Zip Code		_				
info@sailt	hemoon.com						
E-mail	address: (to be used for future and	nual report notific	cation)				
For further i	information concerning this matter,	, please call:					
Derek Pat	terson	727 at (900-2021				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations from Building 1 Executive Center Circle sahassee, Florida 32301	Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	losed is a check for the following	amount:					
≥ \$	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				
INHS18 (2/14	4)						

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. N	ame of the limited liability company: Clearwater S	SunCoas	t Charters	s, LLC		
2. (a)	Derek Patterson	(h	(b) Derek Patterson			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	448 Beltrees St		650 Clev	veland St, Suite 1668		
	Dunedin FL 34698		Clearwat	ter, FL 33755		
	10/26/2015		L1500018	31304		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records o Derek Patterson	f the Florida	Dept. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET) 448 Beltree St	ADDRESS		. 20		
	Dunedin , F	L 34698		2019 FEB		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Derek Patterson <u>NEW Registered Office Address:</u>	ed Office add	ress:	B-6 PM 6: 56 AHASSEE, FL		
	448 Beltrees St					
	Dunedin , F	L_34698		-		
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co of the lim e limited li	tered office mpany, it is ted liability	e and the business office of the registe is hereby confirmed that the change(s) by company or as otherwise provided in the pany.		
Signature of a member or authorized representative of a member			Printed or typed name of signee			
provis the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completeligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing on this change.	gree to act e performa ed for in C hereby co	in this capa ince of my d hapter 605, nfirm that t	acity. I further agree to comply with t duties, and I am familiar with and acc , F.S. Or, if this document is being fil the limited liability company has been	he ept ed	
Signatu	proof Registered Agent					