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COVER LETTER

то:	Registration Section Division of Corporations							
SUBJE	Happy Charters, LLC							
Name of Limited Liability Company								
Dear Si	г or Madam:							
The end	closed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.						
Please i	return all correspondence concerning th	his matter to the following:						
	Name of Person							
Progre	essive Strategy Group, LLC							
	Firm/Company							
613 Si	monton St.							
	Address							
Key W	est, FL 33040							
	City/State and Zip Code							
E-	mail address: (to be used for future and	nual report notification)						
For furt	her information concerning this matter	r, please call:						
Rob M	artin	305 890-6163						
	Name of Person	Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the following	g 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.

a)	711 Palm Ave.		(b)	613 Sir	monton S	St.		
. (87)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability con (Note: MAY BE POST OFFICE B					
	Key West, FL 33040			Key West, FL 33040				
	09/02/2016		L16000164983					
(a)	Date of filing/registration in Florida Dante Varela	4.	_		Docume	ent numb	рег	
)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 711 Palm Ave Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				ite:			
(b).	Key West , FL 33040 Robin Smith-Martin				_	<u>-</u> -	2019 🗀	
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 711 Palm Ave. NEW Registered Office Address:			ress:			2	-
							Pa	
							ို့သ 00	j
	Key West H	L <u>330</u>	10		_			
cha it w we irtic	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the re liability of the e limite	egist / cor limi ed li	ered officenpany, it ted liabili ability con	te and the is hereby ty compar mpany.	business confirme	s office ed that t	of the regist he change(s
ignature of a member or authorized representative of a member			Robin Smith-Martin Printed or typed name of signee					nee
	by accept the appointment as registered agent and a cons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address. I'in writing of this change.	gree to e perfo led for l I hereb	act i rma in Ci v coi	in this cap nce of my hapter 60 nfirm thai				