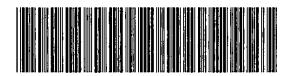
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COVER LETTER : TO: Registration Section Division of Corporations Sea Dreams Charters, LLC Name of Limited Liability Company SUBJECT: Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JULIE SCHULZ Name of Person SUMMIT GROUP MANAGEMENT, LLC Firm/Company 3427 BANNERMAN ROAD, SUITE D208 Address TALLAHASSEE FL 32312 City/State and Zip Code julie.schulz@summitgroup.biz E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JULIE SCHULZ at (850) 219-8207 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.	Name of the limited liability company: Sea	Dreams Charters	s, LLC
) 3427 BANNERMAN ROAD Principal office address of limited liability compat (Note: MUST BE STREET ADDRESS)	(b) 3425 BANNERMAN Mailing address of	
	SUITE D208	SUITE 105-428	· / - /
	TALLAHASSEE FL 32312	TALLAHASSEE FL	32312
3.	$\frac{3}{21} \frac{2017}{2017}$ Date of filing/registration in Florida	4. Document nui	564467 nber
5. (a) SUMMIT GROUP INTERNATIONAL Registered Agent and Registered Office shown on the rec		
	_2073_SUMMIT_LAKE_DRIVE_ Registered Office Address (MUST BE FLORIDA ST		17 SEC
	SUITE 155		
	TALLAHASSEE	.FL _32317	SS TO FINE
(}	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office address:	OF STATE
	3427 BANNERMAN ROAD, SUITE NEW Registered Office Address	D208	
	TALLAHASSEE		
the o ager was	e limited liability company is not organized under thange or changes are made, the Florida street add at will be identical. Or, in the case of a Florida lin were authorized by an affirmative vote of the mer articles of organization or the operating agreement	ress of the registered office and the busing nited liability company, it is hereby confi- mbers of the limited liability company or	ness office of the registered rmed that the change(s)
	Chlor	CLAUDE R. WALK	
	enature of a member or authorized representative of a membe		I name of signee
the to n	reby accept the appointment as registered agent a cisions of all statutes relative to the proper and co obligations of my position as registered agent as p werely reflect a change in the registered office add fied in writing of this change.	ind agree to act in this capacity. I furthe mplete performance of my duties, and I a provided for in Chapter 605, F.S. Or, if to ress, I hereby confirm that the limited lia	r agree to comply with the im familiar with and accept his document is being filed bility company has been

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

Signature of Registered Agent