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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE SUBLIME SAILING LLC

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M. SOLOMON APR 16 2024

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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.

I. Na	nine of the limited liability company: Sublime Sailing	LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/07/2019	L190	00043574
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JOHNSON, STEPHANIE L		
ν. (u)	Registered Agent and Registered Office shown on the records o	of the Florida Dept	, of State
	Registered Agents Inc		
	Registered Office Address [MUST BE FLORIDA STREET	"ADDRESS)	2.7.7
	7901 4th St N STE 300		
	St Petersburg . F	33702	
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:	<u></u>
	7901 4th St N		
	NEW Registered Office Address: STE 300		
	St. Petersburg	33702 L	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
B.A.	. Mar y-one gr	Robin Jon	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to act in the e performance led for in Chap I herchy confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been

- Assistant Secretary

Juna Norts
Signature of Registered Agent

David Roberts