19000062218

((Requestor's Name)				
	(Address)				
(Address)					
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
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(Document Number)					
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2022 AUG 30 AM 9: 49

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A. BUTLER AUG 3 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 914326 7199649

AUTHORIZATION

COST LIMIT : C \$\25.00

ORDER DATE: August 30, 2022

ORDER TIME : 1:19 PM

ORDER NO. : 914326-005

CUSTOMER NO: 7199649

CHANGE OF AGENT

NAME: CRUISE EXPEDITION COMPANY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO: Registration Section Division of Corporations	
CRUISE EXPEDITION COMPAN SUBJECT:	TY LLC
Na	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Uriel A. Mendieta	
Name of Person	
Hunton Andrews Kurth LLP	
Firm/Company	
333 S.E. 2nd Ave., Suite 2400	
Address	
Miami, FL 33131	
City/State and Zip Code	
mendietau@hunton.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	, please call:
Uriel A. Mendieta	305 536.2729 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	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. N	Jame of the limited liability company: CRUISE EXPED	NOITI	CC	MPANY LLC		
2. (a)	1 E BROWARD BLVD #800		(b)	1 E BROWARD BLVD	#800	
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(υ,	Mailing address	of limited liability compan	•
	FT LAUDERDALE, FL 33301	_		FT LAUDERDALE, FL	33301	
	03-12-2019			L19000062218		
3.	Date of filing/registration in Florida	- 4.	_	Document nu		
	RESHID MOSTAFA	₹,		Document nu	imoer	
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	ida	Dept. of State:	2022 AUG SECRET TALLA	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>55)</u>			77
	1 E BROWARD BLVD #800				-:: (A)	Section 19
	FT LAUDERDALE FI	33301			: _`	وسيدا
(b)	RENE SERPHOS				AM 9:49	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>- dd</u>	ress:	ט זיז	
	NEW Registered Office Address:					
	I E BROWARD BLVD #800					
	FT LAUDERDALE , FL	33301	_			
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registe ibility of if the lii	red on mit	l office and the business pany, it is hereby confined liability company or	office of the registere	ed e)
<u>. </u>		JA	M	S RODRIGUEZ		
	ature of a member or authorized representative of a member			• • • • • • • • • • • • • • • • • • • •	I name of signee	
the obi	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to ac perforn I for in sereby c	et in nan Ch con	n this capacity. I furthei ice of my duties, and I a iapter 605, F.S. Or, if th firm that the limited liab	r agree to comply with m familiar with and a his document is being bility company has bei	the ccept filed en
Signatu	are of Registered Agent					
'	Division of Corporations P.O. B	3ox 632	27•	Tallahassee, FL 32314	4	

FILING FEE: \$25.00