L19000	226832		
(Requestor's Name) (Address) (Address)	100386832711		
(City/State/Zip/Phone #)			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PECEIVED 2022 HAY 13 AHI: 25 ALI AHASSEE, FLC:		
Office Use Only	D 26 2022 APR 13 AM 9: 14 2022 APR 13 AM 9: 14 2021 APR 13 AM 9: 14 2022 APR 13 AM 9: 14		
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

			ACCOUNT NO.	:	12000000195	
			REFERENCE	:	672194	8378542
			AUTHORIZATION	:	Kattele	han
			COST LIMIT	:	\$ 25.00	
ORDER	DATE	:	May 12, 2022			
ORDER	TIME	:	4:40 PM			

ORDER NO. : 672194-003

CUSTOMER NO: 8378542

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CHANGE OF AGENT

NAME: HERON HOUSE CHARTERS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## 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.

()	Principal office address of limited liability company:	(	(b)	
	( <i>Note: MUST BE STREET ADDRESS</i> )		( <u>Note: MAY BE POST OFFICE BON</u>	
	1314 E Las Olas Blvd #179		1314 E Las Olas Blvd #179	
	FT. LAUDERDALE, FL 33301		FT. LAUDERDALE, FL 33301	
	09/16/2019		L19000226832	
	Date of filing/registration in Florida	4.	Document number	
(a)				
. ,	Registered Agent and Registered Office shown on the records of	the Florid	ida Dept. of State:	
	CORPORATE CREATIONS NETWORK INC.		つ で 「 た ら た に ら た に ら た に ら た に ら わ た の こ 2 0 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	SS)	7
	801 US HIGHWAY 1		<b>70</b>	
	NORTH PALM BEACH	33408	2022 APR 13 AH 9: 14	
(b)				لو
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office au	address:	
(0)				
	Corporation Service Company			
	Corporation Service Company           NEW Registered Office Address:			

/S/: Christopher Bouton

•

Signature of a member or authorized representative of a member

Printed or typed name of signee

Christopher Bouton, Member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

P. Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

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