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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

			address											
a	nnual	report	t mailin	gs.	Enter	only	one	email	add	ress	ple	ase.	**	1

Fwair Wooless:

## LLC REGISTERED AGENT CHANGE THINKING OF THE SEA LIMITED LIABILITY COMPANY

Certificate of Status	0		
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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.

1. N	ame of the limited liability company.	Thinking Of The	Sea Limited Liabi	ılity Company					
2. (a)			(b)						
	Principal office address of limited by (Note: MUST BE STREET)	ability company:		Mailing address of fimited hability company: (Note: MAY BE POST OFFICE BOX)					
			<u></u>						
	05/05/2020			00186445					
3.	Date of filing/registration in	n Florida	4.	Document number					
5. (a)	SOYBELMAN, JOSEPH								
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State								
	16711 COLLINS AVE								
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
	APT PH01								
	SUNNY ISLES	· ·	1,	12024 SEP -3					
(b)	Northwest Registered Agent LLC			SE					
(0)	Enter name of NEW Registered Agent and	for <u>NEW Registere</u>	d Office address:	——————————————————————————————————————					
	7901 4th St N			3 = 17					
	NEW Registered Office Address:			ت ق ي					
	STE 300		<u>-</u>	ED #11 9:29					
	St. Petersburg	. F	33702						
li`the l				of Florida, it is hereby confirmed that after					
the cha agent was/w the art	ange or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	r street address of Florida limited I of the members agreement of the	of the registered liability compan of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in					
/   / Sign:	iture of a member or authorized representative	z of a member	Nat Smith	Pented or typed name of signee					
There provis the ob- to mer notifig	by accept the appointment as register ions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered d in writing of this change.	red agent and ag per and complete agent as provid office address, I	yee to act in thi e performance e ed for in Chapte (hereby confirm	is capacity. I further agree to comply with the of my duties, and I am Jamihar with and accep or 605, F.S. Or, if this document is being filed a that the limited liability company has been					
- / V-	Taylor Newma	n - Assistant 9	Secretary						