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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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

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1/30/2024 11:15:19 PST, To. 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ime of the limited liability company: NAUTICAL PROPE	RHES LLC	
2. (a)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/28/20	L200003	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ANDERSON REGISTERED AGENTS, INC.		
	Registered Agent and Registered Office shown on the records of the 525 E. TWIGGS STREET	State:	
	Registered Office Address (MUNT BE FLORIDA STREET AD	2	
	UNIT 2116, SUITE 110		TA TA
	TAMPA FL ³	33602	2024 JAN 30 SEUNLIANA TALLAHA
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	TALLAHASSEE, FL	
	7901 4th St N		37
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702	
the cha agent v was/w the art	imited liability company is not organized under the law; ingo or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the least of the leas	he registered of pility company. The limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	-	Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agre ons of all statules relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. The I'in writing of this change.	verformance of s for in Chapter ereby confirm t	capacity. I further agree to comply with the
	Tria Courts David Roberts - Assistant Sec	cretary	