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Division of Corporations

Fax Number

: (850)617-6383

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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.\*\*

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## LLC REGISTERED AGENT CHANGE KAPTAIN OF THE SEA LLC

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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. 8	Tame of the limited liability company: Kaptain of t	the sea lic			
2. (a	Principal office address of limited liability compa	(b)	Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)	my.	(Note: MAY BE POST OFFICE BOX)		
	10/08/20	L20000319	9332		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	, SPRINGFIELD, KENNETH				
J. (1	Registered Agent and Registered Office shown on the reco				
	13322 WATERLEAF GARDEN CIR	13322 WATERLEAF GARDEN CIR			
	Registered Office Address (MUST BE FLORIDA ST.	2024 HAY 29 SECRILIANSS			
	RIVERVIEW	, FL	AY 29 PH 1: HI		
(b	Registered Agents Inc		R I H		
ν-	Enter name of NEW Registered Agent and/or NEW Reg	gistered Office address:			
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300		_		
	St. Petersburg	, FL			
the cl agent was/v	limited liability company is not organized under nange or changes are made, the Florida street addr will be identical. Or, in the case of a Florida lim were authorized by an affirmative vote of the mem ticles of organization or the operating agreement	the laws of the State of F ress of the registered offi lited liability company, it nbers of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
<u> 17. j.</u>	Sec James	Robin Jones			
Sigi	nature of a member or authorized representative of a member		Printed or typed name of signee		
provi the ot to me	eby accept the appointment as registered agent a sions of all statutes relative to the proper and con bligations of my position as registered agent as pr rely reflect a change in the registered office addr ed in writing of this change.	mplete performance of m	eduties and Lam lamiliar with and accent		
Dayl	David Roberts - Assis	stant Secretary			
Signa	ture of Registered Agent	<u></u>			