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____ ------..... _____ To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COMPUTERSHARE Account Number : 110432003053 AM 10: Phone : (561)694-8107 ഹ Fax Number : (561)214-8442 تنه <u>ے</u> س **Enter the email address for this business entity to be used for future 1411 31 ्वि annual report mailings. Enter only one email address please.** Email Address:_____ LLC REGISTERED AGENT CHANGE

SEA KING RENTALS LLC

Certificate of Status	0
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Page Count	02
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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.

Na	me of the limited liability company:Sea King Ren							
. (a)	9902 Marlinton Ln		(b)					
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)					• •
	Port Richey, FL 34668		Poi	t Richey, I	FL 34668			
	01/18/2023		L23(00032370)			
	Date of filing/registration in Florida	4.		Do	ocument n	umber		
4.3	LEGALINC CORPORATE SERVICES INC.							
(a)	Registered Agent and Registered Office shown on the records	of the Flor	ida Depi	of State:				
(a)	476 Riverside Ave.		_	. of State:				
(a)	• • •		<u></u>	. of State:		,T VE	202	
(a) (b)	476 Riverside Ave. Registered Office Address (<u>MUST BE FLORIDA STRE</u>	ET ADDRE	<u></u>	. of State:			2024 JAN (
	476 Riverside Ave. Registered Office Address <u>(MUST BE FLORIDA STRE.</u> Jacksonville	E <u>T ADDRE</u> FL	<u>35)</u>			TALLAHASS	2024 JAN 3 1 A	
(a) (b)	476 Riverside Ave. Registered Office Address (MUST BE FLORIDA STRE. Jacksonville Corporate Creations Network Inc.	E <u>T ADDRE</u> FL	<u>35)</u>			TALLAHASSEE.		
	476 Riverside Ave. Registered Office Address <u>(MUST BE FLORIDA STRE.</u> Jacksonville Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	E <u>T ADDRE</u> FL	<u>35)</u>			TALLAHASSEE, FL	2024 JAN 31 AM 10: 30	

change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kristen Espinales

Kristen Espinales, Attorney-in-Fact

Signature of a member or authorized representative of a member

Printed or typed name of signee

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. I hereby confirm that the limited liability company has been notified in writing of this change.

Kristen Espinales Kristen Espinales, Special Secretary

Signature of Registered Agent

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