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Division of Corporations

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From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112

Phone : (302)575-0875
Fax Number : (302)575-1642

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LLC REGISTERED AGENT CHANGE DEEP BLUE ATTRACTIONS, 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. N	ame of the limited liability company: Deep Blue Atten	ctions, I	.LC	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	12/12/2023 Date of filing/registration in Florida	 4.	L23000	549490 Document number
5. (a)	INC AUTHORITY RA			
J. (d)	Registered Agent and Registered Office shown on the records of 390 NORTH ORANGE AVE., STE 2300-N	of the Flor	ida Dept. o	
	Registered Office Address (MUST BE FLORIDA STREE)			30 LEC
	ORLANDO, F			
(0)	Agents and Cornorations Inc			9.00
	Enter name of NEW Registered Agent and/or NEW Registers	d Office	address:	,
	91 Ninth Street South Suite 330			
	NEW Registered Office Address:			
	Naples			
	Naples, F	L		
change agent v was/wi the arti	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registeriability of the 1	ered offici company, imited lia	c and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	Jonathan Whitehead		Jonatha	n Whitehead
I here provisi the obli to mero notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to u e perfor led for it hereby	ict in this mance of i Chapter confirm t	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been