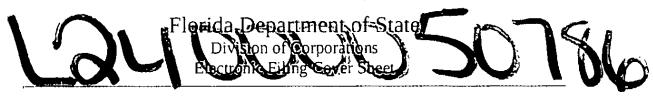
Division of Corporations



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(((H25000018330 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future പ്പ്പ്annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE JAX CRUISERS, LLC

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.

I. Na	ame of the limited liability company: JAX CRUISERS,	, LLC					
2. (a)	7901 4TH ST N STE 300	a	7901 4TH	ST N STE 300			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of hin (Note: MAY BE Po			
	ST. PETERSBURG, FL 33702	_	ST. PETE	RSBURG, FL 337	702		
	01/26/2024		L24000050	786		<del>-</del>	
3.	Date of filing/registration in Florida	4		Document number	:1'		
5. (a)	INC AUTHORITY RA						
/· (••)	Registered Agent and Registered Office shown on the records of all 390 NORTH ORANGE AVE., STE 2300-N	he Florida	Dept. of State	 v: -			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	$\overline{\mathfrak{D}}$				
	ORLANDO FI.	32801		_			
(b)	REGISTERED AGENTS INC			-			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:			~1	
	7901 4TH ST N			_	:•**	025	
	NEW Registered Office Address			•		<del></del>	
	STE 300			_	: * -	5	
	ST. PETERSBURG , FI.	33702	· ·· ·	_			
thange igent w vas/we he arti-	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law to have here authorized.	registere bility co f the lim imited l	ed office and ompany, it is nited liability	d the business offic s hereby confirmed y company or as o	ce of the red d that the ch	gis <b>ion</b> d ange(s)	
	are of a member or authorized representative of a member			Printed or typed nam	ie of signee		
provisio he obli o mere i <u>ot</u> ifica	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address. I ha i in writing of this change.	e to act verforme far in C ereby co	in this capa ance of my a hapter 605 onfirm that t	icity. I further ngi lutics, and I am fa F.S. Or, if this d the limited liability	ree to comp. miliar with ocument is ocompany k	ly with the and accep heing filed ias been	
	To Contis David Roberts To of Registered Agent						