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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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.

Email	Address:	
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LLC REGISTERED AGENT CHANGE NAUTICAL SUMMIT VENTURES 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

	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company, (Note: MAY BE POST OFFICE BOX)			
	7901 4th St N STE 300		7901 4th St N STE 300			
	St. Petersburg, FL 33702		St. Petersburg, FL 33702			
	04/23/24	L	24000190327			
	Date of filing/registration in Florida	4.	Document number			
(a) SCHEEL, NICHOLAS T						
. ,	Dept. of State					
	1845 COBIA DRIVE					
	Registered Office Address (MUST BE FLORIDA STREE	[ADDRESS)				
	G105					
	VERO BEACH	32960	2024 DEC			
)	Registered Agents Inc		EC 19			
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	<u>w</u> : ∷ ≩ ⊖			
	7901 4th Si N					
	NEW Registered Office Address:		ω 			
	STE 300					
	St. Petersburg . i	33702				
chai nt w /we	St. Petersburg mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members clessof organization or the operating agreement of the	aws of the S of the registe liability con s of the limit	tate of Florida, it is hereby confirmed that at ered office and the business office of the regi ipany, it is hereby confirmed that the change ed liability company or as otherwise provide			

Signature of a member or authorized representative of a member Printed or typed name of signee

Thereby 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.

apid Resers David Roberts - Assistant Secretary Signathre of Registered Agent