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Office Use Only



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RA Change

JAN 17 2023 D CUSHING November 25th, 2024

To Whom It May Concern:

Palm Beach 1 Caribbean Carnival&Jouvert is requesting to remove Robert Ramcharitar as our Registered Agent and replace him with Don Ashby the new Registered Agent.

The current address listed is 13286 Moonstone Terrace Wellington Florida, 33414 and it will now be changed to 7002 Haden Road Apt 6 West Palm Beach, Florida 33406.

I am Don Ashby accepting and acknowledging the position of Registered Agent and will comply with all rules.

Thank you.

Don Ashby

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Polm Boach 1 Car Name of Lim	ibbean Camupl & Jouvent lited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Don Ashby Name of Person	
Firm/Company	
7002 Haden Boad Apt. 6 Address	
West Palm Beach Florids 3: City/State and Zip Code	340 <u>6</u>
DONDI 5252 e groui Com li-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Name of Person at (at (561) 351 - 4507 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: Palm 3	Read	1	aribboun G	rnival fi	buret
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Moonstone illing address of limited (Note: MAY BE POST	Hiability compa	my:
	Wellington Florida 33414		<i>نگو</i> نا	noth coloni	09 331	——— ₩⊀
	November 18th 2024	_	•	00486791	+	····
3.	Date of filing/registration in Florida	4.	D	ocument number		
5. (a)						
	Registered Agent and Registered Office shown on the records of the	: Florida D	lept, of State:			
	13286 Marystone Erraco					
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)				
	15 11 5					
	Wellington FI.	334	.14		<i>:</i> ,	
	7				<u> </u>	
(b)	1304 Hishby	~-			(<u>1</u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	<u>ffice addr</u>	ens:			
	Mars II I D /					
	7002 Haden Koad				6.3	
	NEW Registered Office Address:			•	· ·	
	Apt. 6				F./5	
	West Palm Beach . Fil.	<u>3</u> 34	.06			
change agent was/w	limited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the line.	gistered ility com the limite	office and t pany, it is h ed liability o bility compa	he business office ereby confirmed the company or as othe any.	of the registe at the change rwise provid	red c(s)
Signa	ture of a member of authorized representative of a member		- 130	rinted or typed name o	f signee	
I here	by accept the appointment as registered agent and agree	to act in	this capaci	ity. I further agree	to comply w.	ith the
provis the ob- to mer	ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided f ely reflect a change in the registered office address. I her d in writing of this change.	rforman or in Cha reby conj	ce of my du apter 605, F firm that the	ties, and I am fami S. Or, if this doc I limited liability co	liar with and iment is bein impany has b	accept g filed been

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

La Ashla

Signature of Registered Agent