## M07000004236

| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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Office Use Only



900409739029

THE STATE OF STATE

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

|                 | ACCOUNT NO.               | :    | 1200000001   | 95      |  |  |  |
|-----------------|---------------------------|------|--------------|---------|--|--|--|
|                 | REFERENCE                 | :    | 762812       | 7494445 |  |  |  |
|                 | AUTHORIZATION             | :    | Cray & St    | e win   |  |  |  |
|                 | COST LIMIT                | :    | \$ (2'5', 00 | K ne:   |  |  |  |
| ORDER DATE :    | May 22, 2023              |      |              |         |  |  |  |
| ORDER TIME :    | 2:27 PM                   |      |              |         |  |  |  |
| ORDER NO. :     | 762812-172                |      |              |         |  |  |  |
| CUSTOMER NO:    | 7494445                   |      |              |         |  |  |  |
|                 | · <b></b>                 |      |              |         |  |  |  |
| CHANGE OF AGENT |                           |      |              |         |  |  |  |
|                 |                           |      |              |         |  |  |  |
| NAME:           | SEA STAR LINE             | CAI  | RIBBEAN, LL  | С       |  |  |  |
|                 | THE FOLLOWING AS          | PRO  | OOF OF FILI  | NG :    |  |  |  |
| XX CERTIF       | TIED COPY<br>STAMPED COPY |      |              |         |  |  |  |
| CONTACT PERSON  | J: Alexxis Weila          | nd-s | sorenson     |         |  |  |  |

EXAMINER'S INITIALS:

## 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. Na                            | me of the limited liability company: SEA STAR LINE  | CARIE                                  | BB                        | EAN, LLC  |   |  |
|----------------------------------|---|--|---------------------------|---|---|--|
| 2. (a)                           | 10401 Deerwood Park Blvd.   | (b) 10401 Deerwood Park Blvd.          |                           |   |   |  |
| 2. (u)                           | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | - (                                    | <i>.,</i>                 |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |  |
|                                  | Building 1 Suite 1300   |  |                           | Building  | 1 Suite 1300  |  |
|                                  | Jacksonville, FL 32256  | _                                      | -                         | Jacksonv  | /ille, FL 32256   |  |
|                                  | 07/16/2007  |  | N                         | 10700000  | 94236   |  |
| 3.                               | Date of filing/registration in Florida  | 4.                                     |                           |   | Document number   |  |
| 5. (a)                           |   |  |                           |   |   |  |
| ,                                | Registered Agent and Registered Office shown on the records of th   | e Florid                               | a E                       | ept. of Stat                                      | te:   |  |
|                                  | REGISTERED AGENT SOLUTIONS, INC.  |  |                           |   | _   |  |
|                                  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  |                           |   | 1023  |  |
|                                  | 2894 REMINGTON GREEN LANE SUITE A   |  |                           |   |   |  |
|                                  | TALLAHASSEE FL 3  | 32308                                  |                           |   | - 2   |  |
|                                  |   |  |                           |   | SS P M  |  |
| (b)                              | Enter name of NEW Registered Agent and/or NEW Registered C  | )Mico as                               | 1.1.                      | 044*  | PH 4: 01  |  |
|                                  | Enter name of NEW Registered Agent and/or Man Registered  | mee ac                                 | 101                       | <u>css</u> .                                      | FL  |  |
|                                  | Corporation Service Company   |  |                           |   | 111   |  |
|                                  | NEW Registered Office Address:  |  |                           |   | <del></del>   |  |
|                                  | 1201 Hays Street  |  |                           |   | _   |  |
|                                  | Tallahassee Et 3  | 32301                                  |                           |   |   |  |
|                                  | , I L,  |  |                           | <del></del>                                       | _   |  |
| change<br>agent w<br>was/we      | mited liability company is not organized under the laws<br>or changes are made, the Florida street address of the re<br>fill be identical. Or, in the case of a Florida limited liab<br>re authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the li | egister<br>ility co<br>the lin         | ed<br>om<br>rite          | office an<br>pany, it is<br>ed liabilit           | d the business office of the registered<br>s hereby confirmed that the change(s)<br>y company or as otherwise provided in   |  |
|                                  | X 8 Co  | Jill                                   | Cil                       | mi, Autho   | orized Person   |  |
| Signati                          | ure of a member or authorized representative of a member  |  |                           |   | Printed or typed name of signee   |  |
| provision the oblination to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.  | to act<br>erform<br>for in C<br>reby c | t ir.<br>an<br>Chi<br>onj | this cape<br>ce of my e<br>apter 605<br>firm that | acity. I further agree to comply with the<br>duties, and I am familiar with and accept<br>5. F.S. Or, if this document is being filed<br>the limited liability company has been |  |
| Signatur                         | of Registered Agent   |  |                           |   |   |  |
|                                  | E. Kirby, Asst. Vice President Division of Corporations • P.O. Bo   | v 632                                  | 7=                        | Tallaha   | scop F1 37314   |  |

FILING FEE: \$25.00