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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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EXAMINER



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SECRETARY OF STATE
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COVER LETTER

Division of Corporations				
SUBJECT:	Seven Se	as Cri	uises S. E	DE R.L., LLC
Name of Limited Liability Company				
Dear Sir or Madam:				•
The enclosed Registere	d Agent/Registered (Office C	Change and f	ee(s) are submitted for filing.
Please return all corresp	oondence concerning	this ma	atter to the fo	ollowing:
N	Lynn White lame of Person			
	Cruises S. DE R.L.	. <u>, LLC</u>		
8300 NW	33 Street, Suite 30	08		
·	ni, Florida 33122 State and Zip Code			
lwhite@pres	stigecruiseholdings ed for future annual report r	.com otification	n)	
For further information	concerning this matt	er, plea	se call:	
Jason Mo	ntague	_ at (305)	514-2743
Name of Pe	rson		Area Co	ode & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a cl	eck for the followin	ig amoi	unt:	
\$25 Filing Fe	e		\$55 Fili	ng Fee & Certified Copy

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	Seven Seas Cruises S. DE R.L., LLC
2. (a) Principal office address of limited liability	company: 8300 NW 33 Street
(Note: MUST BE STREET ADDRESS)	Suite 308 Miami, Florida 33122
(b) Mailing address of limited liability compa	ny: 8300 NW 33 Street
(Note: MAY BE POST OFFICE BOX)	Suite 308 Miami, Florida 33122
01/31/2008	M0800000509
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office s	hown on the records of the Florida Dept. of State:
Registered Agent:	Gema Pinon
Registered Office Address:	8300 NW 33 Street, Suite 308 Miami, Florida 33122
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW Registered Agent</u> :	Lynn White
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	ESS)
	,FL
liability company, it is hereby confirmed that the of the members of the limited liability company of the operating agreement of the limited liability. Signature of a member of authorized representative of a member Jason Montague, MGR Printed or typed name of signee I hereby accept the appointment as registered agreement with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608/F,S. Or, if this document is being find address, I hereby confirm that the limited liability	nder the laws of the State of Florida, it is hereby ide, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company.
Signature of Registered Agent	