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(F	Requestor's Name)				
(/	Address)				
(/	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: February 23, 2021

Order#: 676795-005

Re: WHALEBONE PROJECT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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: WHALEBONE	PROJE	ECT	LLC		
2.	(a)	320 1ST STREET NORTH		(b) 320 1ST STREET NORTH			
	( <del></del> y	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS) STE 707		()		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
		JACKSONVILLE BEACH, FL 32250				NVILLE BEACH, FL 32250	_
		08/09/2016		I	M1600000	06335	
3. 5	(a)	Date of filing/registration in Florida NRAI SERVICES, INC	4.			Document number	
5. (a)		Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND ROAD	of the Flo	riđa	Dept. of Stat	te:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		PLANTATION	. 3332	4		1821 FEB 2	
( <b>L</b> )	(b)	Corporation Service Company				_ . 25	
(0)		Enter name of NEW Registered Agent and/or NEW Registered Office address:			•		
		1201 Hays Street				6: 56	
		NEW Registered Office Address:					
		Tallahassee, J	3230 L	1		_	
cha age was	nge nt w s/we	mited liability company is not organized under the la or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regist iability of the l	erec con limi	l office an apany, it is ted liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	ie
/s/ Danielle Bergh		_	Danielle Bergh, Authorized Person				
I h pro the to r not	erek visio obli nere ifica	ov accept the appointment as registered agent and agent of all statutes relative to the proper and completing at the proper and completing at the proper and completing at the proper and completing as the proper and completing at the proper and provided in the registered office address. It is writing of this change.  The of Registered Agent and the proper acceptance of the proper ac	e perfor ed for it hereby	mai n Ci con	nce of my d hapter 605 afirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accepts. F.S. Or, if this document is being filed the limited liability company has been	? H I

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