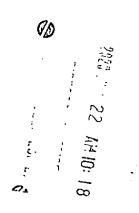
	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Oocument Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only







A. RAMSEY JUN 2 3 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 813916 8416213					
AUTHORIZATION: Expublication					
COST LIMIT : \$ 25.00					
	-				
ORDER DATE : June 14, 2023					
ORDER TIME : 8:29 AM					
ORDER NO. : 813916-042					
CUSTOMER NO: 8416213					
CHANGE OF AGENT					
NAME: OCEAN S 11 CHARTER CO., LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-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.

I. Na	ame of the limited liability company: OCEAN'S 11 C	HARTER	CO., LLC	
2 (a)		(l	o)	
2. (4,	Principal office address of limited liability 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. PETE	ERSBURG, FL 33702
	03/02/2023		M2300000	02684
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of NORTHWEST REGISTERED AGENT LLC	f the Florida	a Dept. of State	: හ සි
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u></u>	
	7901 4TH ST N STE 300			14. L
	ST. PETERSBURG	33702 L		TILEU JUN 22 AM 9: 06
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office ad	ldress:	
	NEW Registered Office Address:		F.F.4.	
	1201 Hays Street			
				_
	Tallahassee F	L 32301		_
change agent v was/we the arti	imited liability company is not organized under the lator changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	registere ability co of the lim limited l	ed office and impany, it is nited liability liability com	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in appany.
	ture of a member or authorized representative of a member			authorized Person Printed or typed name of signee
I herel provisi the obli to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I myriting of this change.	performe ed for in C hereby co	ance of my a Chapter 605 Onfirm that t	acity. I further agree to comply with the
Signatu	re of Registered Agent	2		