N06000009738

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(2-2-11-15)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special medications to 7 ming amount			
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Office Use Only



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COVER LETTER

TO:	Amendment Section		
	Division of Corporations		
oup n	Amendment Section Division of Corporations ECT: Seven Seas Cruising Association Foundation, Inc. Name of Corporation MENT NUMBER: N06000009738 closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
SUBJI	Name of Corporation		
	110000000000000000000000000000000000000		
DOCU	MENT NUMBER: N06000009738		
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Kimberly Russo		
	Name of Contact Person		
	KFR Services, Inc.		
	Firm/Company		
	500 Oakbrook Lane		
	Address		
	Summonillo, SC 20496		
Summerville, SC 29485 City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)		
	E man address. (to be used for ruture annual report notification)		
r c			
FOLIUI	ther information concerning this matter, please call:		
Kimberl	y Russo at (843) 879-5030		
	Name of Contact Person Area Code & Daytime Telephone Number		
Enclos	ed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Street Address:		
	Amendment Section Amendment Section Division of Corporations Division of Corporations		
	P.O. Box 6327 Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organizing in order to change its registered office or register	ced under the laws of the State of Flonds		
The name of the corporation: Seven Seas Cruising Asso			
2. The principal office address: 500 Oakbrook Lane			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 09/15/2006	Document number: N06000009738		
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned	•		
MKAM, JUDITH R CORAL	MKAM, JUDITH R CORAL		
10211 WEST SAMPLE ROAD SUITE 114			
SPRINGS, FL 33065	t (if changed) and /or registered office		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
Registered Agents Inc.	``		
3030 N. Rocky Point Dr. STE 150A			
P.O. Box NOT acceptable Tampa FL 33607			
The street address of its registered office and the street as changed will be identical.			
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
Signature of an officer or director	Kimberly Russo, Executive Director Printed or typed name and title		
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and acagent. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in	l agree to act in this capacity. tes relative to the proper and complete scept the obligation of my position as registered yet a change in the registered office address, I writing of this change.		
Bee Home	8/22/2017		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Bill Havre			
Typed or Printed Name * * * FILING FEI	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)