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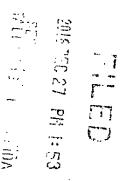
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Institute of Cruise Ship Medicine

Name of Corporation

OCUMENT NUMBER: N16000007411

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Williams

Name of Contact Person

Institute of Cruise Ship Medicine

Firm/Company

1041 NE 204th Terrace

Address

Miami, Florida 33179

City/State and Zip Code

stevewcfrn@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Williams

,305

970 3005

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.050 nge is submitted for a corpora r to change its registered offic	tion organiz	ed under th	e laws o	of the State of	Florida		
1. The name of	he corporation: Institute of	Cruise S	Ship Med	dicine)			
2. The principal	office address: 1041 NE 2	04th Ter	race, Mi	ami,	Florida 33	3179		
3. The mailing a	ddress (if different):							
4. Date of incor	ate of incorporation/qualification: 7.28.2016						7411	
	street address of the current r tment of State: (If resigned, en			stered o	ffice on file v	vith the		
	United States Copor	ation Age	ents Inc					
	13302 Winding Oaks	Blvd, St	uite A					
	Tampa, Florida 3361	2			·	_		
6. The name and (if changed):	street address of the new regi	stered agent	(if changed) and /o	r registered o	ffice		
	Steve Williams					<u> ۾ انڌ</u> -	1	34
	1041 NE 204th Terra	ace					Š	encentrare granulare
P.O. Box NOT acceptable						ing.		
	Miami, Florida 33179						Z.	K A
	ss of its registered office and be identical.					*****	٠, ٠	gent,
Such change was authorized by the	s authorized by resolution du e board or the corporation ha	ly adopted b as been notif	y its board ied in writi	of directing of the	ctors or by an	officer	so	
Jee	ulller	<u>-</u> -	Stev	EL	اللااللال	w S	.	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered o comply with the provisions my duties, and I am familiar is document is being filed mentative of Registered Agent half of an entity:	d agent and a of all statute with and according to reflect notified in the control of the contro		t in this o the pi igation in the r iis char	typed name and to capacity. roper and color of my position egistered offinge.		gisterea ess, I	!
T	ped or Printed Name							

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *