

PO4000133893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

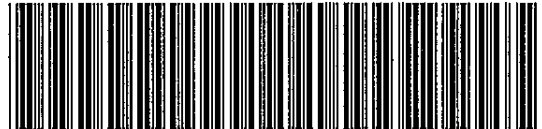
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 08 2005

RAPC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cruises by SEA, Inc.
(Name of corporation)

DOCUMENT NUMBER: P04000133893

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:

Donald S Featherstone
(Name of contact person)

Cruises by SEA, Inc.
(Firm/Company)

226A St Joe Plaza Dr Suite 135
(Address)

Palm Coast, FL 32164
(City/state and zip code)

For further information concerning this matter, please call:

Donald S Featherstone at (386) 446-1644
(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 30, 2005

DONALD FEATHERSTONE
226A ST JOE PLAZA DR STE 135
PALM COAST, FL 32164

SUBJECT: CRUISES BY SEA INC.
Ref. Number: P04000133893

We have received your document for CRUISES BY SEA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 505A00054644

RECEIVED
05 SEP -8 AM 8:00
DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cruises by SEA, Inc
2. The principal office address: 226A St Joe Plaza Dr Suite 135, Palm Coast, FL 32164
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/04 Document number: P04000133893

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATE CREATIONS NETWORK, INC.

11380 PROSPERITY FARMS ROAD #221E

PALM BEACH GARDENS FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Donald S Featherstone

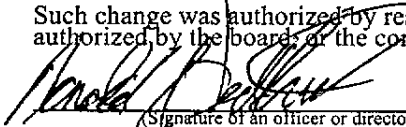
226A St Joe Plaza Dr Suite 135

(P.O. Box NOT acceptable)

Palm Coast, FL 32164

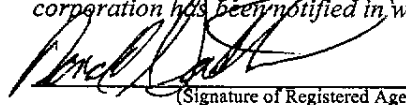
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Donald S Featherstone
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

8/31/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
05 SEP -8 PM 1:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA