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| Special Instructions to | Filing Officer: | |
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COVER LETTER

Amendment Section Division of Corporations TO:

| SUBJECT: eCruise Managed Services, Inc. | | | | |
|--|--|--|--|--|
| Name of Corporation | | | | |
| DOCUMENT NUMBER: P15000045338 | | | | |
| 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: | | | | |
| Erik Milian | | | | |
| Name of Contact Person | | | | |
| eCruise Managed Services, Inc. | | | | |
| Firm/Company | | | | |
| 12535 Orange Drive, Suite 611 | | | | |
| Address | | | | |
| Davie, FL 33330 | | | | |
| City/State and Zip Code | | | | |
| info@ecruiseinc.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Mary Ann McGlamry Name of Contact Person at (800 508-4651) Area Code & Daytime Telephone Number | | | | |
| 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 ch | ange is submitted for a corpo | 502. 617.0502, 607.1508, or 617.1508. Florida Statutes, this pratton organized under the laws of the State of Florida. Tice or registered agent, or both, in the State of Florida. |
|--|--|---|
| 1. The name of | the comoration: eCruise | Managed Services, Inc. |
| 2. The principa | d office address: 12535 O | range Drive, Suite 611, Davie, FL 33330 |
| 3. The mailing | address (if different): | |
| 4. Date of incom | rporation/qualification: May | y 20,2015 Document number: P15000045338 |
| 5. The name an | | t registered agent and registered office on file with the |
| | Erik Milian | |
| | 4178 S Pine Island | Road |
| | Davie, FL 33328 | |
| 6. The name an (if changed): | | egistered agent (if changed) and /or registered office |
| | Erik Milian | |
| | 12535 Orange Driv | e, Suite 611 |
| | Davie, FL 33330 | e, Suite 611 P.O. Box NOT acceptable |
| The street addr as changed will | ess of its registered office and be identical. | nd the street address of the business office of its registered agent, |
| Such change wanthorized by t | as authorized by resolution of the board of the corporation | duly adopted by its board of directors or by an office so has been notified in writing of the change. |
| | W// | Erik Milian, President |
| I hereby accept I further agree performance of agent. Or, if th | to comply with the provision f my duties, and I am familia his document is being filed m | Printed or typed name and title red agent and agree to act in this capacity. as of all statutes relative to the proper and complete r with and accept the obligation of my position as registered werely to reflect a change in the registered office address, I en notified in writing of this change. |
| Sig | gnature of Registered Agent | August 22, 2018 |
| | chalf of an entity: | |
| Erik Milian/eCri | uise Managed Services, Inc. | |
| 1 | yped or Printed Name | |

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