P)5000061160

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

Office Use Only

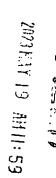


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S. CHATHAM

S. CHATHAM

10L 25 2023 05/19/23--01013--023 ++35.00



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Camelot Adventures Inc Name of Corporation	
Name of Corporation	
DOCUMENT NUMBER: P15000061160	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	
Carolyn Nemia	
Name of Contact Person	
Camelot Adventures Inc	
Firm/Company	
10776 Ravenna Way	
Address	
Fort Myers FL 33913	
City/State and Zip Code	
Cruisegenie@comeast.net	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Carolyo Nemia	609 625-8100
Name of Contact Person	at (609)625-8100 Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check made payable to the Depa	rtment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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: Camelot Adventures Inc 2. The principal office address: 10776 Ravenna Way
Fort Myers FL 33913
3. The mailing address (if different): same
4. Date of incorporation/qualification: 7/17/2015 Document number; P15000061160
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Incorp Services, Inc.
3458 Lakeshore Dr.
Tallahussee FL 32312
Tallahassee FL 32312 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Carolyn Nemia 10776 Ravenna Way PO Box NOT acceptable
Carolyn Nemia
10776 Ravenna Way
Fort Myers FL 33913
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.
Carolyn Nemia President Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with the provisions of all statutes relative to the proper and complete performance if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument 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.
Circles May 16, 2023 Nighting of Reported Agent Date
If signing on behalf of an entity:
Percyl or Drigton Venno

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