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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

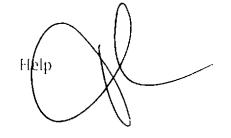
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			

REGISTERED AGENT CHANGE SOUTH EASTERN SHIPPING CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of cha	nge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida State of \overline{Fl} registered agent, or both, in the State of Flo	<u>orida</u>	is 		
1. The name of t	he corporation: SOUTH EAST	ERN SHIPPING CORP		·		
2. The principal	office address: 7901 4th St N S	STE 300, St. Petersburg, FL 33702				
3. The mailing a	ddress (if different): 7901 4th S	it N STE 300, St. Petersburg, FL 33	702			
4. Date of incorporation/qualification: 02/22/18 Document number: P18000018304						
5. The name and		tered agent and registered office on file with	the			
	LOUIS, JOHN			26		
	349 LEIGH RD		11.11	2023 HAR 15		
	WEST PALM BEACH, FL	- 	R -5			
6. The name and (if changed):	street address of the new registere	e (n)	M 9: 24			
	Registered Agents Inc		و جس	43		
	7901 4th St N STE 300					
	St. Petersburg, FL 33702					
The street addre	ss of its registered office and the	street address of the business office of its r	registere	l agent.		
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or by an of een notified in writing of the change.	Ticer so			
	Louis ent an officer or director	John Louis - President Printed or typed name and title				
l further agrée i of my duties, and document is bei	the appointment as registered ago o comply with the provisions of a d I am familiar with and accept t ug filed merely to reflect a chang been notified in writing of this c	ent and agree to act in this capacity, all statutes relative to the proper and compi he obligation of my position as registered a e in the registered office address, I hereby hange.	lete perfe igent, () confirm	ormance r, if thi: that the		
David X.	gherts:	03/15/2023				
Saga	ature of Registered Agent	Date				
If signing on bel	nalf of an entity:					
David R	oberts ped or Printed Name					

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