

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904) 356-2600
Fax Number : (904) 355-0233

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

Email Address: bruce.zaven@zaventax.com

**REGISTERED AGENT CHANGE
NAUTICAM INC.**

Certificate of Status	0
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OCT 23 2019

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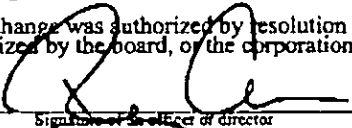
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: Nauticam, Inc
2. The principal office address: 2303 N Andrews Ave
Fort Lauderdale FL 33311
3. The mailing address (if different): 2303 N Andrews Ave
Fort Lauderdale FL 33311
4. Date of incorporation/qualification: 09/11/2018 Document number: P18000076986
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)
Canon, Ryan K
1478 SW 18th Terrace
Ft. Lauderdale FL 33312
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Fisher Tousey Leas & Ball, P.A.
501 Riverside Ave Ste 600
P.O. Box NOT acceptable
Jacksonville FL 32202

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.

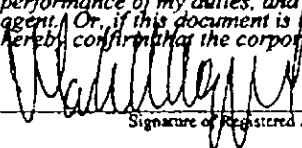


Signature of an officer or director

Ryan K Canon

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

10/23/2019

Date

If signing on behalf of an entity:

Marvin C. Kloeppel

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
CR2E045 (03/12)

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