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(Re	questor's Name)			
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Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO: Amendment Section Division of Corporations Lighthouse Capital Charters Name of Corporation 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: Robert Dechert Name of Contact Person Lighthouse Excursions Firm/Company 2900 NE 23rd Street Address Pompano Beach, FL 33062 City/State and Zip Code lighthousecap455@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Dechert Area Code & Daytime Telephone Number Name of Contact Person 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

	provisions of sections 607.0502. 6. ange is submitted for a corporation		•		·	
in orde	er to change its registered office or	registered	agent, or both, in the	State of Flo	orida.	
1. The name of	the corporation: Lighthouse C	apital (Charters			
2. The principal	office address: 455 South Fe	ederal H	lwy			
	Deerfield Bea	ch, FL	33441			
3. The mailing a	address (if different): 2900 NE	23rd St	reet	· · · · · · · · · · · · · · · · · · ·		
	Pompano	Beach,	FL 33062	-	· · ·	
4. Date of incor	poration/qualification: 10/01/20)19 	Document number:	P19000	077300	
	d street address of the current regist rtment of State: (If resigned, enter r	_	t and registered office	on file with	the	
	LegalZoom					
The name and (if changed):	d street address of the new registere	ed agent (i	f changed) and /or regi	istered offic	e	
	Robert Dechert			<u> 24 </u> 2	2	
	2900 NE 23rd Street			7 E		
		lox NOT accep	ptable	- - -		
	Pompano Beach, FL 33	3062				
The street addreas changed will	ess of its registered office and the l be identical.	street add	ress of the business of	ffice of its r	egistered agent.	
	as authorized by resolution duly ache board, or the corporation has be				er so	
M		R	obert Dechert,	Co-owne	er	
-	ire of an officer or director		Printed or typed i			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with its document is being filed merely t that the corporation has been not	ent and ag all statutes and accep to reflect of tified in wr	ree to act in this cape relative to the proper of the obligation of my a change in the regist iting of this change.	icity. · and compl v position a ered office a	ete s registered address, I	
M	del .		10 - 17 - 19 Date	;)		
Sig	mature of Registered Agent		Date	,		
If signing on be	chalf of an entity:					
Т	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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