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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200,000 2,000)
(Document Number)
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Certified Copies Certificates of Status

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/30/2024	
Name:	Patrice Rush	
Reference	2465684	
Entity Nan	me: WEST MARINE PRODU	JCTS, INC.
☐ Arti	icles of Incorporation/Authorization to Transact	Business
Am	nendment	. :
✓ Cha	ange of Agent	5± Q
☐ Rei	instatement	o. · mili
☐ Cor	nversion	ATTO: 20
☐ Mei	rger	m O
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F: +852.2682.9790

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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: WEST MARINE PRODUCTS, INC.
2. The principal office address:
no change
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/18/2021 Document number: P21000046172
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)
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Cogency Global Inc.
PO Box NOT acceptable Tallahassee, Florida 32301
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.
/s/ Paulee Day Signature of an officer or director 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 thi, 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.
/s/ Tim Mayville 8/13/2024 Signature of Registered Agent Date
f signing on behalf of an entity:
Tim Mayville, Assistant Secretary 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 (04/13)