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S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2024

CAMPER & NICHOLSONS USA, INC.
901 EAST LAS OLAS BLVD
SUITE 201
FORT LAUDERDALE, FL 33301

SUBJECT: CAMPER & NICHOLSONS USA, INC.
Ref. Number: V04541

We have received your document for CAMPER & NICHOLSONS USA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 424A00016929

AUG 29 2024

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Camper & Nicholsons USA Inc.
Name of Corporation

DOCUMENT NUMBER: 2024-01

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:

Pascal Savoy

Name of Contact Person

Camper & Nicholsons USA Inc.

Firm/Company

901 East Las Olas Boulevard, Suite 201

Address

FL33301, Fort Lauderdale

City/State and Zip Code

contracts@camperandnicholsons.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pascal Savoy

Name of Contact Person

at (+1)

954 524 4250

Area Code & Daytime Telephone Number

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Camper & Nicholsons USA, Inc.
2. The principal office address: 901 East Las Olas Boulevard, Suite 201
FL33301, Fort Lauderdale
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3rd January 1992 Document number: 2024-01
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)
Computershare Governance Services Corporate Creations | United Agent Group
801 US Highway 1, North Palm Beach, FL 33408
Resigned
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Appointed: Pascal Savoy
c/o Camper & Nicholsons USA Inc. 901 E. Las Olas Boulevard, Suite 201
P.O. Box NOT acceptable
FL33301, Fort Lauderdale

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.

Pascal Savoy Pascal Savoy
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 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.

Pascal Savoy 21/08/2024
Signature of Registered Agent Date

If signing on behalf of an entity:

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)