

L23000255439

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

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Account Name : SPI AGENT SOLUTIONS, INC.
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**LLC REGISTERED AGENT CHANGE
SEA KAMP, LLC**

Certificate of Status	0
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M. SOLOMON
APR 12 2024

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DEPT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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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: SEA KAMP, LLC

2. The principal office address: 4231 JUSTISON COURT, MIAMI, FL 33133

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/24/2023 Document number: L23000255439

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)

FOWLER WHITE BURNETT, P.A.
1395 BRICKELL AVE, 14 FL C/O J. MICHAEL PENNEKAMP
Miami, FL 33133

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SPI Agent Solutions, Inc.
1540 GLENWAY DR
Tallahassee, FL 32301

P.O. Box NOT acceptable

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.

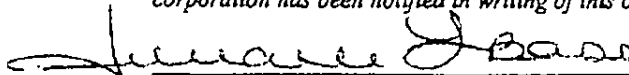


Signature of an officer or director

Petr Klichamp, Manager

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

4/9/2024

Date

If signing on behalf of an entity:

SPI Agent Solutions, Inc.

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
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