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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	SEAGIS PLIP LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	nis matter to the fol	llowing:			
Stept	nanie Zevallos					
	Name of Person	<u> </u>				
Seag	is Property Group					
	Firm/Company	_				
1134	0 INTERCHANGE CIRCLE NOR	тн				
	Address		•			
MIRA	MAR, FL 33025					
	City/State and Zip Code					
szeva	allos@seagisproperty.com					
E	-mail address: (to be used for future and	nual report notifica	ition)			
For fur	ther information concerning this matter	, please call:				
Steph	nanie Zevallos	at (816-1830			
	Name of Person	ı	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314			
	Enclosed is a check for the following	g amount:				
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

(b)	C/O SEAGIS PROPER Mailing address of lim (Note: MAY BE PO) 100 FRONT STREET, WEST CONSHOHOCK	ited liability co OST OFFICE SUITE 35	ompany: <i>BOX</i>)
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of the S c regist lity con ne limi	ered office and the business npany, it is hereby confirmed ted liability company or as o ability company.	office of the d that the ch	e registere lange(s)
	3025 of the Se regist lity connection in the limited l	of the State of Florida, it is hereby a registered office and the business lity company, it is hereby confirme to limited liability company or as onited liability company.	of the State of Florida, it is hereby confirmed the registered office and the business office of the lity company, it is hereby confirmed that the characteristic company or as otherwise profile.

Tx2	Timothy McKenna	
Signature of a member or authorized representative of a member	Printed or typed name of signee	

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 obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Resistered Agent