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SECRETARY OF STATE

D. BRUCE

MAY 28 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Sea Life F Name of L	Realty LLC Limited Kindbility Company	-
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Jason Jone Name of Person	<u>.s</u>	
Sea Life Realty L	<u>LC</u>	
71 Woodward St		3) (a) (a) (b)
Destin Fl 325 City/State and Zip Code	PM 1: 06	
E-mail andress: (to be used for future annual report no	lty, con otification)	
For further information concerning this matter	er, please call:	
Jason Jones Name of Person	at (850) 797-6227  Area Code & Daytime Telephone Number	<b>-</b>
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	g amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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 Florida.

1. Na	me of the limited liability company:	Sea	Life	Realt	<u>y 1</u>	-LC	
2. (a)	Principal office address of limited liability of	company:	71	Wool	7	St Unit 13	14
	(Note: MUST BE STREET ADDRESS)	-	O	estin f	-13	32541	
(b)	Mailing address of limited liability company	y:	7	1 Wadwa	vds	t Unit 124	
-[]	(Note: MAY BE POST OFFICE BOX)	-	Desti	n fl	325	541	
	5/26/2009	_	L090	30050	901		
3. Da	te of filing/registration in Florida	4.	. Documen	t number			
5. (a)	Registered Agent and Registered Office sho	own on th	e records o	the Florida	Dept. c	State:	
	Registered Agent:	-	Incom	-p Serv	in es	Ind	
	Registered Office Address:	-		67th		# WOLYY	
(b)	Enter name of <b>NEW Registered Agent</b> and	/or <u><b>NEW</b></u>	Registered	Office add	ress: S	. a	
	NEW Registered Agent:	_		ason J	ones	3	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	<u>SS)</u>		Woodu Oestin		4 Unit 124	-
confir and th liabili of the or the	limited liability company is not organized une med that after the change or changes are mad e business office of the registered agent will ty company, it is hereby confirmed that the chamembers of the limited liability company or operating agreement of the limited liability company or of the limited liability company or of a member summer of a member	e, the Flo be identic hange(s) v as otherw	rida street a al. Or, in tl vas/were au	ddress of the ne case of a F thorized by a	registe Florida an affir	ered office limited mative vote	
Printed	Jason Jones or typed name of signee	······································					
	thy accept the appointment as registered agency with the provisions of all statutes relative to am familiar with and accept the obligations of er 608, F.S. Or, if this document is being filess, I hereby confirm that the limited liability confirm that	nt and agn the prop of my posited to mere company h	ree to act in er and com tion as regi ly reflect a ias been no	this capacity plete perforn stered agent change in the tified in writ	y. I fur nance o as prov e regist ing of t	ther agree to of my duties, vided for in ered office his change.	
Signatu	re of Registered Again	_					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00