L15000050570

| (Requestor's Name) | |
|---|----|
| (Address) | 30 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| . (Business Entity Name) | i |
| , (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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| | |

Office Use Only



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COVER LETTER

| | Registration Section Division of Corporations | | |
|-----------|--|----------------------|--|
| SUBJE | Splash Brothers, LLC | | |
| | | ame of Limited Li | iability Company |
| Dear Sir | or Madam: | | |
| The enc | losed Registered Agent/Registered C | office Change and | fee(s) are submitted for filing. |
| Please re | eturn all correspondence concerning | this matter to the f | following: |
| Dominic | Seta | | |
| | Name of Person | | ···· |
| | Firm/Company | | _ |
| 785 N.E. | 36th Street | | |
| | Address | | |
| Boca rate | on, Florida 33431 | | |
| | City/State and Zip Code | | |
| dominics | eta@yahoo.com | | |
| E-1 | mail address: (to be used for future a | nnual report notifi | cation) |
| For furth | ner information concerning this matte | er, please call: | |
| Dominic | Seta | 561 at (| 212-1262 |
| | Name of Person | | Area Code & Daytime Telephone Number |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Enclosed is a check for the following | ig amount: | |
| ! | ■ \$25 Filing Fee | □ \$5 | 55 Filing Fee & Certified Copy |

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 Florida.

| 1. | Name of the limited liability company: Splash Brothers. | LLC | | | | | |
|-----------------------------------|---|--|---|--|---|----------------------------|-------------|
| 2. (a |) | (| (b) | | | | |
| • | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | | Mailing address of (Note: MAY Bi | | | - |
| | 785 N.E. 36th Street | | 785 N.E. 3 | 66th Street | | | |
| | Boca Raton, Florida 33431 | _ | Boca Rato | ton, Florida 33431 | | | |
| | March 20, 2015 | | L15000050: | 570 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document nun | nber | | |
| 5. (a | Dominic Seta | | | | | | |
| 5. (a | Registered Agent and Registered Office shown on the records of | the Flori | la Dept. of Stat | _ e: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | _ | _: | ~·1 | |
| | 1921 N.E. 51st Court | | | | | 920 | |
| | Fort Lauderdale , FI | 33308 | • | _ | í | 20 20 DEC | |
| (1.) | Dominic Seta | | • | _ | | 28 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | _ | 77 . | A | l i |
| | | | | | | 7: 15 | · ALLER |
| | NEW Registered Office Address: | | | _ | | | |
| | 785 N.E. 36th Street | | | _ | | | |
| | Boca Raton . FI | 33431 | | | | | |
| chang agent was/v the ar | limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tigles of organization or the operating agreement of the | ws of the registe ability confitted in limited | red office an ompany, it is nited liability | d the business of the theorem of the | office of the med that the is otherwise | registe chang provid | red e(s) |
| Sign | antire of a member or authorized representative of a member | | | Printed or typed | name of signee | : | |
| movi | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oliginals of any position as registered agent as provided by reflect a change in the registered office address, I have been all this change. """ """ """ """ """ """ """ | norforn | mace of miv | duties and Lan | s Tamiliar w | th and | accent |
| Signat | ure of Registered Agent | | | | | | |