## L20 000 202 135

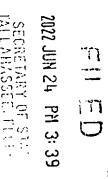
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Certified Copies	ertified Copies Certificates of Status			
Special Instructions to	Filing Officer:			
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		•				
SUBJ	SEA-BATTICAL, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The er	closed Registered Agent/Registered Off	fice Change and f	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the f	following:				
AMY I	P. SLAMAN, ESQ.						
	Name of Person		<del>_</del>				
CLAR	K PARTINGTON						
•	Firm/Company		<del></del>				
4100 L	EGENDARY DRIVE, SUITE 200						
	Address		<del>_</del>				
DESTI	N, FLORIDA 32541						
	City/State and Zip Code		_				
KLIPH	AM@CLARKPARTINGTON.COM						
E	-mail address: (to be used for future ann	nual report notific	cation)				
For fu	ther information concerning this matter,	, please call:					
KATH	Y LIPHAM	850 at (	650-3304				
	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	amount:					
	■ \$25 Filing Fee	□ \$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.

(b)A	( <u>No</u> AUSTIN, TX 78 00000202135 Doc	ng address of limited tie: MAY BE POST		——————————————————————————————————————
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`ADDRESS)				
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Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00