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(Re	equestor's Name)	······································				
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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12/08/14--01051--017 **25.00

SECRETARY OF STATE STATE CORPORATIONS

14 DEC -8 PM 3: 16

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: December 4, 2014

Order#: 329385-208

Re: SEABREEZE PLAZA LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.

2. (a)	7501 WISCONSIN AVE, STE. 1500E	(b))			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST		• •
	BETHESDA MI 20814	_				
	07/15/2013		M130000	04449		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	C T CORPORATION SYSTEM					
()	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	e:		
	1200 SOUTH PINE ISLAND ROAD			_		NG.
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			4 0EC	SECRET
	PLANTATION , FL	33324		-	-8 PM	FILED ARY OF CORPL
(b)	Corporation Service Company				က့	S FA JR AT
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lress:	_	91	EU OF STATE ORPORATIONS
	1201 Hays Street			_		
	NEW Registered Office Address:					
	Tallahassee F1	32301	· · · · · · · · · · · · · · · · · · ·			
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the the regis ability co	tered offic mpany, it i ited liabilit	e and the business off s hereby confirmed the y company or as othe	ice of the	he registered change(s)
		Dona	a Priebe, A	uthorized Person		
Sigra				Printed or typed name o	_	
provisi the obl to merc	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change	performa	ance of my	duties, and I am fami	liar wit	h and accept

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

Signature & Registered Agent Corporation Service Company BY: Sylvia Queppet, Assistant Vice President