748483

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALL AHASSEE, FI ORIDA

C. LEWIS

OCT 8 2013

EXAMINER

COVEŘ LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Seascape II, Incorporated
Name of Corporation
DOCUMENT NUMBER: 748483

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Ross Earle & Bonan

Firm/Company

789 S Federal Highway, Suite 101

Address

Stuart, FL 34994

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Ensor at (772) 287-1745

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida. | |
|--|---|-------------|
| 1. The name of | the corporation: Seascape II, Incorporated | |
| 2. The principal | I office address: Bristol Management, 543 NW Lake Whitney Place, Suite 101, Port St. Lucie, FL 3 | 4986 |
| 3. The mailing a | address (if different): same as above | |
| 4. Date of incor | rporation/qualification: 08/10/1979 Document number: 748483 | |
| 5. The name an | nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) | |
| | Cornett, Jane Esq, Becker & Poliakoff, PA | |
| | 31111 Stirling Rd | |
| | Fort Lauderdale, FL 33312 | 13 |
| 6. The name an (if changed): | nd street address of the new registered agent (if changed) and /or registered office | SEP 30 |
| | Ross Earle & Bonan, PA | 至 |
| | 789 S Federal Highway, Suite 101 | 期11:42 |
| | P.O. Box NOT acceptable Stuart, FL 34994 | ~ |
| The street addr | ress of its registered office and the street address of the business office of its registered agent, ll be identical. | , |
| | vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | |
| Signal Signal | Here herident Domenic R. Leve, Argelet | • |
| I hereby accep I further agree performance o agent. Or, if th hereby confirm | of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. | |
| | ighature of Registered Agent Date | |
| | pehalf of an entity: | |
| Jacob E. E | Ensor, Esq | |
| | Typed or Printed Name | |

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

APPROVED AND FILED