## A11000000912

(Re	equestor's Name)					
(Ad	ldress)	, <u>,,</u>				
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Bu	isiness Entity Nar	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer						

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000353572010

COT 21 3020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/16/2020	
	Merritt Walker	_
Reference	#:1274504	_
Entity Nam	e:SEAMLEV IN	VESTMENTS, LLLP
	cles of Incorporation/Authorization	to Transact Business
☑ Cha	inge of Agent	PLEASE RETAIN ORIGINAL DATE OF SUBMISSION, 10/16/2020
	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Othe	er	
	Amount: <b>\$35</b>	

F: 800,944,6607

F: +852.2682.9790

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620,1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

l.	SEAMLEV	INVESTMENTS	, LLL	.Р		
7	lame of Limited Partnership	or Limited Liabilit	y Lir	nited Partners	hip	
2.	12/06/2011	3		A1100	0000912	
Date of fili	ng/registration in Florida			Florida document number		
4. The name of the Department of State	registered agent and the regi	stered office addre	ss as	shown on the	records of the Florida	
	KAUFN	MAN ROSSIN & C	00			
		Name				
	2699 S BAYSH	ORE DRIVE 3RE	FLO	OOR		
		Address				
	MIAMI,	FL		33133	202	
	City	, State and Zip			70 O	
5. The name and Fl	orida street address of the no	ew registered agent	and/e	or office:	2020 OCT 16 AM	
	COGEN	CY GLOBAL INC	~. 		6	
		Name			A A	
	115 North	Calhoun Street,	Suite	· 4	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
		ess (P.O. Box not a			- H - W	
	Tallahass	see	FL	32301		
	-	r, State and Zip	.r	02001		
SEAMLEV MĀNAG		the Florida Depart	ment	of State.		
·	Partner Eric T. Levin, Mana	<del></del>				
I hereby accept the comply with the pro- and I am familiar w.	appointment as registered ay visions of all statutes relative ith an accept the obligations of Kathy A. Butler, Assistant Sec	gent and agree to a e to the proper and of my position as i	l com	plete perform		
Signature of Registo		<del></del>				
Filing Fee: Certified Copy	\$35.00 (optional): \$52.50					