L03000034935

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SECRETARY OF STATE
AND A SECRETARY OF STATE

J. BRYAN

SEP 22 2009

EXAMINER

COVER LETTER

Division of Corporations	
	Seascape Aviation LLC
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
James M. Price	
Traine of Foldon	
Seascape Aviation LL	C SECRI
6234 Vista Verde Ct	9 SEP 21 PH 2: 12 ECRETARY OF STATE LLAHASSEE, FLORID
Gulfport, FL 33707 City/State and Zip Code	2: 12 STATE LORIDA
•	
learjockey@aol.com E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this n	natter, please call:
Jim Price	at (727) 403-8548
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follo	wing 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 608.416 or 608.508, 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.

g,,	
1. Name of the limited liability company:	Seascape Aviation LLC
2. (a) Principal office address of limited liability co	ompany: 6234 Vista Verde Ct
(Note: MUST BE STREET ADDRESS)	Gulfport, FL 33707
(b) Mailing address of limited liability company	: 6234 Vista Verde Ct
(Note: MAY BE POST OFFICE BOX)	Gulfport, FL 33707
9/15/2003	L03000034935
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept of State:
Registered Agent:	James M. Price
Registered Office Address:	395 12th Ave
	Indian Rocks Beach, FL 33785
(b) Enter name of NEW Registered Agent and/	or NEW Registered Office address:
NEW Registered Agent:	James M.Price
NEW Registered Office Address:	6234 Vista Verde Ct
(MUST BE FLORIDA STREET ADDRESS	Gulfport ,FL33707
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chaof the members of the limited liability company or a or the operating agreement of the limited liability continued that the chaof the operating agreement of the limited liability continued that the chaof the operating agreement of the limited liability continued that the chaof the operation of the limited liability continued that the change or changes are made and the business office of the registered agent will be liability company or a continued that the change or changes are made and the business office of the registered agent will be liability company.	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Signature of a member or authorized representative of a member	
James M. Price Printed or typed name of signee	
I hereby accept the appointment as registered agen, comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I haveby confirm that the limited liability co	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.

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

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