## W5000007787

(Re	equestor's Name)	····
(Ac	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only





800060803968

10/91/05--01(127--004 \*\*25,00

SECRET STATE SECRET SEC

105/181

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sea Star Realty LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael C. Whinde (Name of Person)  Sea Star Realty LLC (Firm/Company)
2600 S. Kanner Hwy, #Z-5 (Address)
Stuart FL 34994 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Whipple at (502) 327-330
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

P.O. Box 6327

INHS18 (8/05)

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

Clifton Building

\$25 Filing Fee

## 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.

agent, or both, in the state of Pioriaa.			
1. The name of the limited liability company is: Sea Star Realty LLC			
2. The mailing address of the limited liability company is: 1611 4th St. East			
Redington Beach FL 33708			
//25/2005  3. Date of filing/registration in Florida  L 0 5 0 0 0 0 7 7 8 7  4. Document number			
3. Date of filing/registration in Florida 4. Document number			
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:			
Michael C. Whipple Name 16111 4th St. East			
Redington Beach FL 33708 ES S City, State and Zip			
6. The name and address of the new registered agent and/or office: $\omega$			
Redington Beach FL 33708  City, State and Zip  6. The name and address of the new registered agent and/or office:  Michael C. Whipple  Name  2600 S. Kanner Hwy 25  Florida street address (P.O. Box NOT acceptable)			
Stuart FL 34994 City, State and Zip			
City, State and Zip			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
(Signature of a member or authorized representative of a member)			
(Printed or typed name of signee)			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.			

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

(Signature of Registered/