

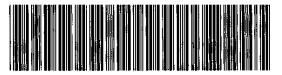
	equestor's Name)	
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<b>(C</b> i	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

## G. MCLEOD

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**EXAMINER** 



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SECRETARY OF STAR

## **COVER LETTER**

TO: Registration Section Division of Corporations			
·			
	SEOENG LLC. mited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning to	his matter to the following:		
•	•		
Maura Stouffer Name of Person	<del></del>		
SEOENG LLC.	-		
9040 Town Center Pe	erkway		
Bradenton, FL 34705 City/State and Zip Code	<u>2</u>		
Maura@thestoufferfa E-mail address: (to be used for future annual report no	mily com		
For further information concerning this matte			
Maura Stouffer Name of Person	at 941-228-7194  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 following 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.

Name of the limited liability company:	SÉOENG LLC.		
2. (a) Principal office address of limited liability compar	ny:		
(Note: MUST BE STREET ADDRESS)	9040 Town Center Parkway Bradenton, FL 34202		
(b) Mailing address of limited liability company:	8374 Market Street #207		
(Note: MAY BE POST OFFICE BOX)	Bradenton, FL 34202	,	
12/05/2006	L06000116157		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept.	of State: 3	
Registered Agent:	STOUFFER, MAURA D	CAR.	٠
Registered Office Address:	15111 SUNDIAL PLACE	<u> </u>	
•	Bradenton, Fl. 34202	, <u>, , , , , , , , , , , , , , , , , , </u>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:	Si 13 (	i <sub>com</sub> ,
<u>NEW</u> Registered Agent:	InCorp Services, Inc.	<u></u>	
NEW Registered Office Address:	17888 67th Court North		
(MUST BE FLORIDA STREET ADDRESS)	Loxahatchee,	FL <u>33470</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the regis entical. Or, in the case of a Florida (s) was/were authorized by an affi	stered office a limited irmative vote	
MAURA STOUFFER, Manager Printed or typed name of signee	•		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compa	l agree to act in this capacity. I fi proper and complete performance position as registered agent as pr nerely reflect a change in the regi any has been notified in writing of	irther agree to of my duties, ovided for in stered office this change.	
Signature of Registered Agent	į		

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