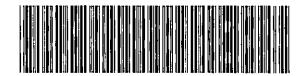
L0800030084

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE PLORINA

O SIMMONS AUG () .: 2018

Received by

JUL 3 1 2018

Seawood Builders

July 20, 2018

KAREN VASQUEZ 1324 W NEWPORT CTR. DR. DEERFIELD BEACH, FL 33442

SUBJECT: SEAWOOD BUILDERS, LLC

Ref. Number: L08000030084

We have received your document for SEAWOOD BUILDERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

(3)

Letter Number: 918A00014898

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Seawood Builders, LLC		
3613717611		ne of Limited Li	ability Company
Dear Sir or l	Madam:		
The enclose	d Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.
Please return	n all correspondence concerning th	is matter to the	following:
Karen Vas	squez		
	Name of Person		_
Seawood	Builders, LLC		
	Firm/Company		_
1324 W. N	Newport Center Dr.		
	Address		
Deerfield	Beach, FL 33442		
	City/State and Zip Code		_
kvasquez	@seawoodbuilders.com		
E-mail	address: (to be used for future ani	nual report notifi	ication)
For further i	nformation concerning this matter	. please call:	
Karen Vas	squez	95 4	421-4200
	Name of Person		Area Code & Daytime Telephone Number
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations fon Building I Executive Center Circle ahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
Enc	losed is a check for the following	g amount:	
□ \$	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS18 (2/1-	1) + #35 FEE	PREUIOUS	LETTER
	PER A	ユンフ (ガモ)	LETTER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

i.	Na	me of the limited liability company: Seawood Build	lers, L	_L	.C		
2	(a)	1324 W. Newport Center Dr., Deerfield Beach	' (h	o)	Same as	principal office address	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (c	,	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		1324 W. Newport Center Dr.			Same as	principal office address	
		Deerfield Beach, FL 33442	-	-			
		05/27/11		L	.0800003	0084	
3.		Date of filing/registration in Florida	4.		<u> </u>	Document number	
5.	(a)	Wells & Wells, P.A.					
•	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Wells & Wells, P.A.			Oupt, of State:		
		Registered Office Address (MUST BE FLORIDA STREET AL	Address (MUST BE FLORIDA STREET ADDRESS)				
		901 Ponce de Leon Blvd., #200					
		Coral Gables . FL	3134			7.1.18 P	
	(b)	William Spruce, Esq.			FILED RIG-3 P		
	•	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		William Spruce, Esq.				FLOG	
		NEW Registered Office Address:				- REAL 20	
		1324 W. Newport Center Dr.					
		Deerfield Beach .FL 3	3442				
the age	cha ent v s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	he regi oility co the lin	isto on nit	ered office npany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
_(\geq	Time Mari	Ed	W	ard V. Ma		
	-	ure of a member or authorized representative of a member				Printed or typed name of signee	
pre the to no	ovisi obli mere tifiec	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete polyations of my position as registered agent as provided by reflect a change in the registered office address. I he if in writing of this change.	to act erform for in G rehy c	t i ar Cl or	n this capa ace of my d aapter 605, ifirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
οij	gnatui	re of Registered Agent					