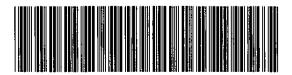
L08000050708

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

Office Use Only



700137984607

11/20/08--01015--008 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
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:		
(Name of Person)		
TSLAND SEEN LLC (Firm/Company)		
13842 78th PLACE NOCTH (Address)		
WEST PALM BEACH, FL 33412		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (954) 993-2274 (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 \$\text{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.

1. Name of the limited liability company:	S SEEN LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	WEST PALM BEACH, EL 33412	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	13842 78th PLACE NORTH WEST PALM BRACH, FL 33412	
5 (21 08 3. Date of filing/registration in Florida	L0800050708	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:	
Registered Agent:	WENTWORTH. M. GATEBUER	
Registered Office Address:	PEMBLOKE PINES, FL 33000 2	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
<u>NEW</u> Registered Agent:	WENTWOOTH M. GHEOUTE :	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13842 78th PLACE LOCTED =	
If the limited liability company is not organized under the I that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	t address of the registered office and the business are of a Florida limited liability company, it is an affirmative vote of the members of the limited	
(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.

(Signature of Registered Agent)