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EXAMINER

COVER LETTER

PO: Registration Section Division of Corporations				
	scape Inv			
Name of	f Limited Li	iability Con	npany	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	l Office Cha	inge and fee	e(s) are submitted	d for filing.
Please return all correspondence concerning	ng this matte	er to the fol	lowing:	
Craig Kornick				
Name of Person				
Seascape Investments, LI	I C			
Firm/Company				
				at ~
		,		SEGALL SEGALL
7207 Golden Wings Road, Su	ite 100			38 St
Address	•			
		72 - 41		SSEELFE SSEELFE
Jacksonville, Florida 322	244 -			
City/State and Zip Code	- T - T			
,				AM II: 02
li amai al- Gui, i anni de antine an				9 8
kornick@riversidespine.cc E-mail address: (to be used for future annual repor	om t notification)			300
For further information concerning this ma		call:		
Craig Kornick	at (9	04)	382-19	23
Name of Person		Area Cod	e & Daytime Telepho	ne Number
STREET/COURIER ADDRESS:		MATLING	ADDDESS.	
Registration Section		Registration	ADDRESS:	
Division of Corporations			Corporations	,
Clifton Building		P.O. Box 63		
2661 Executive Center Circle			, Florida 32314	
Tallahassee, Florida 32301			-	·
Enclosed is a check for the follow	ing amoun	t:		
\$25 Filing Fee]\$55 Filing	g Fee & Certified	l Сору

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:	Seascape Investments, LLC				
2. (a) Principal office address of limited liability comp	pany:				
(Note: MUST BE STREET ADDRESS)	7207 Golden Wings Road, Suite 100 Jacksonville, FL 32244				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	7207 Golden Wings Road, Suite 100 Jacksonville, FL 32244				
JAHUARY 21, 2009	L09000006630				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:				
Registered Agent:	Craig Kornick				
Registered Office Address:	1601 Ocean Drive South, #303 Jacksonville Beach, FL532250				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Craig Kornick 7207 Golden Wings Road, Suffe 100 Jacksonville 7207 Fi 32244				
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					
Craig Kornick Printed or typed name of signee					
I hereby accept the appointment as registered agent an 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 of this document is being filed to address I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.				
Signature of Registered Agent	(24 T II I DY 2424)				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					