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## **COVER LETTER**

TO: Registration Section Division of Corporations				
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SUBJECT: DEEP_SEA, LLC				
Nar	ne of Limited 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 th	nis matter to the following:			
Aristides Fernandez				
Name of Person				
Firm/Company				
1770 Wêst Flagler Street	, Suite 2			
Address				
Miami, Florida 33135				
City/State and Zip Code				
aristidesfe@hotmail.com				
E-mail address: (to be used for future an	inual report notification)			
For further information concerning this matter	r, please call:			
Aristides Fernandez	at ( 786 )			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations				
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following	ng amount:			
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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

l. Na	me of the limited liability company: DEEP_SI	EA, LLC								
2. (a)	1770 W. Flagler St., #2, Miami, FL 3313	<u>5</u> (b)	1770	W.	Flagler	St.,	#2,	, Mia	ami, FI	3313
( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- · · ·		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					:
		<del>-</del>								
	09/28/2015			L09	00002531	4				
3.	Date of filing/registration in Florida	4.		_	Document	numb	er			
5. (a)	Angelo Milano									
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. o	f State	· <del>)</del> :					
	1770 W. Flagler Street, Suite 2									
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			-					
					-		<b>;</b> ;	(C)		
	Miami , FL	33135			-	77	;;	AON.	Art lan	
(h)	Aristides Fernandez					\$1. V.	<u> </u>	<b>≪</b>	postrace S	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		-	en.	;		्र तृहरूरा	
							.— .//	Z	4 i	
	1770 W. Flagler Street, Suite 2				_	ر بر ر بر ر ر بر ر	Ē	2:2		
	NEW Registered Office Address:					ĴΑ	1	9		
				_	<del>.</del>					
	Miami, FL	, 3313	5		_					
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the ch	limited liability company is not organized under the la ange or changes are made, the Florida street address of	f the regis	tered	offic	e and the b	usines	s offi	ice of	the regi:	stered
agent	will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members	ability co	mpan; ited li:	y, it i abilit	s hereby co v company	onfirme or as e	ed th other	at the	change( provided	s) I in
the art	icles of organization or the operating agreement of the	limited l	iabilit	y cor	npany.	01 43	0101	77.50	provide	•
,	/s/ Angelo Milano		Angel	o Mi	llano_			_		
Signa	ature of a member or authorized representative of a member				Printed or 1	typed na	me of	signee	;	
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performed for in ( hereby co	in thi ance of Chapte onfirm	s cap f my er 60. that	acity. I fu duties, and 5, F.S. Or, the limited	rther a d I am j if this d liabil	gree famil doci ity co	to co liar w iment ompai	mply will with and a string is being my has be	h the accept filed een
	/s/ Aristides Fernandez									
Signat	ure of Registered Agent									