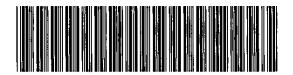
L090000000000

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
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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T. CLINE

OCT - 4 2012

EXAMINER



COVER LETTER

Division of Corpo	rations						
SUBJECT:	Seaglass Interiors						
				y Compan	ıy		-
Dear Sir or Madam:							
The enclosed Registered	Agent/Registered	Office (Change a	ind fee(s)	are submitted f	or filing.	
Please return all correspo	ndence concerning	g this m	atter to t	he followi	ng:		
Me	egan Sease						
	ne of Person			-			
	lass Interiors			_			
run	a Company						
26	S. Shell Rd.			_			
A	ddress						
DeBa	ary, FL 32713			_			
City/Sta	te and Zip Code			-			
seaglassint E-mail address: (to be used	eriors@yahoo.c	om notificatio	on)	-			
For further information co	oncerning this mat	tter, ple	ase call:				
Megan So	ease	at (_	321	_)	482-1300)	_
Name of Pers	on		Α	rea Code & I	Daytime Telephone	Number	_
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle		Regi Divis P.O.	LING AD stration Sec sion of Cor Box 6327 hassee, Flo	ction	SECRETARY OF TALLAHASSEEJ	2812 QCT 3 PM
Enclosed is a che	ck for the follow	ing amo	ount:				176
\$25 Filing Fee			\$55	Filing Fe	e & Certified (⊕ _m i	\$ 1 2

TO: Registration Section

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:	Seaglass Interiors					
2. (a) Principal office address of limited liability company	y: 385 Ruth Jenni	ings Dr.				
(Note: MUST BE STREET ADDRESS)	DeBary, FL 327	<u>′13 </u>				
(b) Mailing address of limited liability company:	385 Ruth Jennings Dr.					
(Note: MAY BE POST OFFICE BOX)	DeBary, FL 32713	DeBary, FL 32713				
3/20/2009	L09000027563					
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:	Megan Sease					
Registered Office Address:	385 Ruth Jennings Dr. DeBary, FL 32713	,				
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	26 S. Shell Rd.					
	DeBary ,1	FL <u>32713</u>				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. My June Signature of a member or authorized representative of a member My Sease Printed or typed name of signee I hereby accept the appointment as registered agent and of the signal	Florida street address of the registatical. Or, in the case of a Florida s) was/were authorized by an affiir rwise provided in the articless of y.	tered office limited matily e vote organization				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	roper and complete performance osition as registered agent as pro erely reflect a change in the regis ny has been notified in writing of	of my duties, vided for in stered office this change.				
Migau Sease Signature of Registered Agent						

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