## 9900011133

Capital Connection (Requestor's Name) Seth			
Seth (Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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SECRETARY OF STATE

NUMBER OF CORPUPATION TALLAHASSEE, FLORIDA 13 SEP -9 PH 4: 40

2013 SEP -9 MIND: 10

SEP 1 0 2013

C ULINE

## 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: ED SWEENEY HO	LDINGS LLC	
<ol> <li>(a) Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>	any: 746 SOUTH ORLANDO AVE 608 CO	OCOA BEACH, FL 32931
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	748 SOUTH ORLANDO AVE 608 COCOA BEACH, FL 32931	
9/12/09	L09000077733	7A S
3. Date of filing/registration in Florida	4. Document number	A SECTION
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept of State
Registered Agent:	EOMUNO J SWEENEY	SET O
Registered Office Address:	746 SOUTH ORLANDO AVE 808 CC	<del></del>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office add	ress:
NEW Registered Office Address:	100 NE 3RD AVENUE	
MUST BE FLORIDA STREET ADDRESS)	SUITE 620	
	FORT LAUDERDALE	,FL 33301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the entical. Or, in the case of a F	registered office lorida limited in affirmative vote of
EDMUND SWEENEY Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand in the limited liability companders, I hereby compand the limited liability compand	l agree to act in this capacity proper and complete perforn position as registered agent nerely reflect a change in the ny has been notified in writi	v. I further agree to as provided for in e registered office ng of this change.
Signature of Registered Agent		

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