L10000029946

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

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PHIZ:00 PARCO

MAR 03 2022 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 517399

517399 7999417

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE: February 28, 2022

ORDER TIME : 5:15 PM

ORDER NO. : 517399-015

CUSTOMER NO: 7999417

CHANGE OF AGENT

NAME: SEASHORE MARINE VENTURES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY ___ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

_	istration Section ision of Corporations					
SUBJECT:	Seashore Marine Ventures, LLC					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or !	Madam:					
The enclose	d Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.			
Please return	n all correspondence concernin	g this matter to the	e following:			
K. Lee Wes	stnedge, Jr.					
	Name of Person					
Seashore M	farine Ventures, LLC					
	Firm/Company					
300 32nd S	treet, Suite 500					
	Address					
Virginia Bea	ach, VA 23451					
	City/State and Zip Co	de				
Lee.Westne	edge@goldkeyphr.com					
E-mail	l address: (to be used for future	annual report not	ification)			
For further i	information concerning this ma	tter, please call:				
Kelly Nordh	iues	757 at (452-6581			
	Name of Person	(Area Code & Daytime Telephone Number			
Reg Div P.O	illing Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the follow	ving amount:				
 \$	S25 Filing Fee	3	\$55 Filing Fee & Certified Copy			
INHS18 (2/1-	4)					

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	ame of the limited liability company:	ne Ventu	res, LLC	
2. (a)		(h)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	300 32nd Street, Suite 500		300 32nd	Street, Suite 500
	Virginia Beach, VA 23451		Virginia E	Beach, VA 23451
	3/17/2010		L1000002	9946
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Steven Hibbe			
5. (a)	Registered Agent and Registered Office shown on the records of		la Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET	<u>:S)</u>	_	
	1390 S. Dixie Highway, Ste. 1104			_
	Coral Gables	33146		_
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office a	ddress:	-
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee, FI	32301		_
change agent was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the register ability confithe line limited	e State of Fl red office ar ompany, it i nited liabilit liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provis. the ob- to mer notifie	by accept the appointment as registered agent and agions 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. Assistant Vice President	ree to ac perform d for in hereby c	et in this cap nance of my Chapter 60. confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signati	re of Registered Agent			