## **Division of Corporations Electronic Filing Cover Sheet**

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(((H220004260913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

| Email . | Address: | <u> </u> |  |
|---------|----------|----------|--|
|         |          |          |  |

## LLC REGISTERED AGENT CHANGE SEBASTIANO LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

DEC 2 0 2022 A. LUNT

INHS18 (2/14)

## COVER LETTER

| TO: Registration Sec<br>Division of Corp  |                                |   |
|---|--------------------------------|---|
| SUBJECT: SEB  | ASTIANO LL                     | С   |
| SUBJECT:  |                                | nited Liability Company   |
| Dear Sir or Madam:  |                                |   |
| The enclosed Registered   | Agent/Registered Office Char   | ge and fee(s) are submitted for filing.   |
| Please return all correspo  | ondence concerning this matter | to the following:   |
| Vanessa C   | Castillo Name of Person        | <del></del>   |
| Registered Agent So   | olutions, Inc.                 |   |
| -   | Firm/Company                   |   |
| Corporate Center O  | ne, 5301 Southwest Pkwy        | , Ste 400   |
|   | Address                        | <del></del>   |
| Austin, TX 78735  |                                |   |
| City  | /State and Zip Code            |   |
| ·   | be used for future annual repo |   |
| Vanessa C   | Castillo at (                  | 388 705-7274  |
| Name of   |                                | Area Code & Daytime Telephone Number  |
| STREET/COUI<br>Registration Sec<br>Division of Corp<br>Clifton Building<br>2661 Executive<br>Tallahassee, Flo | oorations<br>Center Circle     | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |
| Enclosed is a ch  | eck for the following amount   | t:  |
| 🗆 \$25 Filing Fe  | e                              | S55 Filing Fee & Certified Copy   |

## 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: SEBASTI   |                     |  |           |
|--------|--|---------------------|--|-----------|
| 2. (a) | 6927 Briar Lake Cir  | <sub>(b)</sub> 6927 | Briar Lake (   | Cir       |
| , , ,  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |                     | Mailing address of limited lia<br>(Note: MAY BE POST O |           |
|        | Palm Beach Gardens, FL 33418   | Palm                | Beach Garden   |           |
|        | 8/13/2010  | L1000               | 00085210   |           |
| 3.     | Date of filing/registration in Florida   | 4.                  | Document number  |           |
| 5. (a) | BLUMBERGEXCELSIOR CORPORATE SE   | RVICES, INC         |  |           |
|        | Registered Agent and Registered Office shown on the records of the  155 Office Plaza Drive  Registered Office Address (MUST BE FLORIDA STREET AD)  1st Floor |                     | -e:<br>-   | 2022 OEC  |
|        | Tallahasse, FI 3   | 2301                | -  | 19        |
| 10)    | Registered Agent Solutions, I  | nc.                 | -  | AM 11: 27 |
|        | 155 Office Plaza Dr.   |                     |  |           |
|        | NEW Registered Office Address: Suite A   |                     | -  |           |
|        | Tallahassee  | 2301                | _  |           |

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.

| 101 | EDA | NIL  | AAAI  | JRO |
|-----|-----|------|-------|-----|
| /S/ | FKA | IVA. | IVIAL | ノベン |

FRANK MAURO

Managing Member

Signature of a member or authorized representative of a member

Mackenzie Hart, Asst. Secretary

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent