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(R	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificates	of Status				
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Office Use Only



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MAY 02 2016 J SHIVERS



COVER LETTER

TO:	Registration Section Division of Corporations	•			
SUBJE	CCT: SCAGTICN FINANCE	e.uc			
SCEC	Name of Lin	mited Liability Company			
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matte	r to the following:			
	Steven MGAM Name of Person	 			
***************************************	Serbrew FNANLY Firm/Company				
<u>63</u>	Address	· 			
For	City/State and Zip Code	<u> </u>			
	-mail address: (to be used for future annual repo	ort notification)			
For fur	ther information concerning this matter, please	call:			
5	Steven McGAM at (772, 293-0707			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	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 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.

1. N	ame of the limited liability company: SeAGTEEN FINAN	e, LL	2		
2. (a)	531 S. WSA, Suite A" (b) P.C		of limited	<u> </u>	/ company
	(Note: MUST BE STREET ADDRESS)	(Note: MAY			
	Font Pierce, FL 34950 Font	Repor	,FL:	349:	54-2291
3.	8/19/2010 L100	200876		·	
3.	Date of filing/registration in Florida 4.	Document n	umber		
5. (a)	Registered Agent and Registered Office shows on the records of the Florida Dept. of State Registered Office Address Registered Office Address MUST BE FLORIDA STREET ADDRESS	- e: -			
	1709 Sunset Isles RD.				
	Fort Pience, FL 34949	-	NE STEP	16 A	
(b)	Steven Myany			APR 2	er v stare, St
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_	SS	9	La Comp
			0/ S1	AM 7:	Transport of the state of the s
	NEW Registered Office Address:	-			
	531 S. u.S.A. "SuiteA" Tout Pierce , FL 34950	-	\$\$ *		
	Toot Pierce, FL 34950	-			
the cha agent was/we	mited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is the earthorized by an affirmative vote of the members of the limited liability considers of organization or the operating agreement of the limited liability considers.	e and the busis hereby conf y company or npany.	ness officiency ras other	ce of the wise p	the registered change(s)
Signa	ure of a member or authorized representative of a member	Printed or type	d name of	signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this captions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address, I hereby confirm that I in writing of this change.	acity. I furthe	er agree t	o con	h and accent
oignagu	e of Registered Agent				