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COVER LETTER

то:	Registration Section Division of Corporations	•			
SUBJ	SUBJECT: SEA GREENE, LLC Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please	return all correspondence concernin	g this matter to the following:			
	Stuart I. Grossman, Esq Name of Person	<u>. </u>			
<u>Levir</u>	ne Kellogg Lehman Schneider + G Firm/Company	Brossman, LLP			
···	201 S. Biscayne Boulevard, 221 Address	nd Floor			
	Miami, FL 33131 City/State and Zip Code				
	sig@lklsg.com mail address: (to be used for future annual report				
For fu	rther information concerning this ma	tter, please call:			
	Stuart Grossman Name of Person	at (305)403-8788 Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the follow	ing amount:			
	\$25 Filing Fee	\$55 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 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:	SEA GREENE, LLC		
2. (a) Principal office address of limited liability company	95 North County Road		
(Note: MUST BE STREET ADDRESS)	Palm Beach, FL 33480		
(b) Mailing address of limited liability company:	SEA GREENE, LLC		
(Note: MAY BE POST OFFICE BOX)	95 North County Road FC Palm Beach, FL 33480		
05/16/2011	L110000575777 =		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Depart State:		
Registered Agent:	Stuart . Grossman		
Registered Office Address:	201 S. Biscayne Boulevard Miami Center - 34th Floor Miami, FL 33131		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	W Registered Office address: Stuart I. Grossman		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	201 S. Biscayne Boulevard Miami Center - 22nd Floor		
	Miami ,FL <u>33131</u>		
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. Signature of a member or authorized representative of a member			
Edward Leevan	_		
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my polychapter 608 P.S. Or if this document is being filed to me address, I hereby/confirm that the limited liability company Signapare of Registered Agent	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		

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

INHS18 (05/08)