## 112000022175

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## **COVER LETTER**

TO: Registration Section

Divi	ision of Corporations							
CED IEZT.	CASTLE BY THE SEA, LLC  Name of Limited Liability Company							
SUBJECT.								
Dear Sir or l								
The enclose	d Registered Agent/Registered Office	Change and	fee(s) are submitted for filin	g.				
Please returi	n all correspondence concerning this i	natter to the	following:					
ANTHON'	Y CICERCHIA			F.3				
	Name of Person		_					
	Firm/Company							
2090 BAY	SHORE BLVD			-47,0				
	Address							
DUNEDIN	I FL 34698							
	City/State and Zip Code		<del></del>					
palmcourt	motel@gmail.com							
E-mail	address: (to be used for future annua	l report notif	ication)					
For further i	information concerning this matter, pl	ease call:						
Anthony C	Cicerchia	727	736-0441					
	Name of Person	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Tel	ephone Number				
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building 1 Executive Center Circle ahassee, Florida 32301	Re Di P.e	alLING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314					
Enc	losed is a check for the following a	mount:						
☑ \$	25 Filing Fee	□ \$	55 Filing Fee & Certified Co	py				
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	ime of the limited liability company: CASTLE BY	THE S	EA, LLC				
2. (a)	CASTLE BY THE SEA LLC		(b) CASTLE BY THE SEA, LLC				
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2090 BAYSHORE BLVD		,\	dailing address of limited (Note: MAYBE POST	-		
	DUNEDIN FL 34698		DUNEDI	N FL 34698	<u>_</u>	<del></del>	
	Jan 20, 2018		L1200002	2175			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	AMERICAN SAFETY COUNCIL, INC.				₽ã		
** (,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	÷	3	P)	
	AMERICAN SAFETY COUNCIL, INC.				. 2	الريسور 4	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				5		
	5125 ADANSON ST. SUITE 500					الماسات 1 و	
	ORLANDO .FI	32804			à.	محمدیث	
(b)	ANTHONY CICERCHIA			مربه	31.		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ac	ldress:				
	NEW Registered Office Address:						
	2090 BAYSHORE BLVD						
	DUNEDIN, FI	34698					
the cha agent w was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the reginability confither line of the line limited	stered office ompany, it is nited liability	and the business off hereby confirmed the company or as other pany.	fice of the	e registered ange(s)	
Signat	tine of a member or authorized representative of a member		<del>-</del>	Printed or typed name o	f signee		
provisi the obli- to merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to ac perform d for in hereby c	t in this capa ance of my a Chapter 605, onfirm that t	icity. I further agrec luties, and I am fami , F.S. Or, if this doc he limited liahility c	to comp liar with ument is ompany l	ly with the and accept being filed ias been	

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

Signature of Registered Agent