

L12000036962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

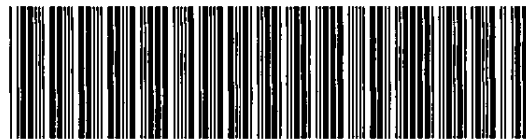
Special Instructions to Filing Officer:

A. LUNT

OCT 25 2012

EXAMINER

Office Use Only



000239611130

09/18/12--01015--004 **25.00

FILED
2012 OCT 24 PM 2 39
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2012

CARLA MARTILOTTI
4550 N.W. 9TH STREET #504-E
MIAMI, FL 33126

SUBJECT: SEA ROAD CONSULTING & SERVICES LLC
Ref. Number: L12000036962

We have received your document for SEA ROAD CONSULTING & SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 312A00023656

FILED
2012 OCT 24 PM 2:39
TALLAHASSEE, FLORIDA
DIVISION OF STATE
REGISTRATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEA ROAD CONSULTING & SERVICES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLA MARTILOTTI

Name of Person

WORLDWIDE ENTERPRISES & SERVICES LLC

Firm/Company

4550 N.W. 9TH STREET, #504-E

Address

MIAMI, FL 33126

City/State and Zip Code

nbideliverymiami@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLA MARTILOTTI

Name of Person

at (786)

226-7512

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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
2012 OCT 24 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 ROAD CONSULTING & SERVICES LLC

2. (a) Principal office address of limited liability company: Sarandi 560, Suites 401-402

(Note: MUST BE STREET ADDRESS)

Montevideo, Uruguay 11110

(b) Mailing address of limited liability company:

P.O. BOX 660618

(Note: MAY BE POST OFFICE BOX)

Miami Springs, FL 33266-0618

03/15/2012

L1200036962

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Nothing But Initials, Incorporated

Registered Office Address:

4550 N.W. 9TH STREET
MIAMI, FLORIDA 33126

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Worldwide Enterprises & Services LLC

NEW Registered Office Address:

4550 N.W. 9TH STREET

(MUST BE FLORIDA STREET ADDRESS)

#504-E

MIAMI, FL 33126

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

CARLA MARTILOTTI

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 608, 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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00