L12000096628

(Requestor's Name)
(Àddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



000353775060

DIVISION OF THE FLORIDA TALLAHASSEE, FLORIDA

1.1.6 17.1 51 ...10 67.7

OCT 1 9 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/10	6/2020	
Name: V	lerritt Walker	<u> </u>
Reference #:	1274504	
Entity Name:	SEAMLE	V KEYNOTE, LLC
Articles of Ir	ncorporation/Authorization	on to Transact Business
Amendment	t	
✓ Change of A	Agent	
Reinstateme	ent	
Conversion		
Merger		
☐ Dissolution/	Withdrawal	
Fictitious Na	ame	
Other		
Authorized Amount	t: \$2 5	
Signature:	(Mu)	

F: 800.944.6607

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJI	ECT: SE	AMLE	V KEYN	NOTE,	LLC		
		Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ce Cha	nge and	fec(s) a	are submitted for filing.		
Please	return all correspondence concerning thi	s matte	r to the f	followi	ng:		
	ERIC LEVIN						
	Name of Person			_			
	SEAMLEV KEYNOTE, LLC	;					
	Firm/Company			_			
	5495 HAMMOCK DRIVE						
-	Address						
	CORAL GABLES, FL 331	56					
	City/State and Zip Code			_			
E	E-mail address: (to be used for future ann	ual repo	ort notifi	cation))		
For fu	ther information concerning this matter,	please	call;				
	Samantha Solloway	at (800)	483-1140		
-	Name of Person	_ `-		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		□ \$5	5 Filin	g Fee & Certified Copy		
INHSI	8 (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.

Name of the limited liability company:			SEAMLEV KEYNOTE, LLC			
. (a)	5495 HAMMOCK DRIVE	(l	o)	5495 HAMMOCK DRIVE		
- (,	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	CORAL GABLES, FL 33156			CORAL GABLES, FL 33156		
	07/26/2012	_		L12000096628		
	Date of filing/registration in Florida	_ 4.		Document number		
. (a)	KAUFMAN ROSSIN & CO Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	te:		
	2699 S BAYSHORE DRIVE 3RD F					
	Registered Office Address (MUST BE FLORIDA STREET.		;,			
			-			
	MIAMI , FL	. 3	3133	- 		
(b)	COGENCY GLOBAL INC.			 :)		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	115 North Calhoun Street, Suite	- - -				
	NEW Registered Office Address:					
	Tallahassee F1		2301	_		
Etha li	mited liability company is not organized under the lay			aride it is hereby confirmed that after		
ne chai gent w /as/we	inge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lite authorized by an affirmative vote of the members coles of organization or the operating agreement of the	the reginability confithe lim	stered offic impany, it i ited liabili	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in		
	ric T. Levin		*	, Manager		
Signati	ure of a member or authorized representative of a member			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