L 12000116870

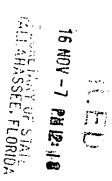
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			

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COVER LETTER

•	distration Section vision of Corporations			
SUBJECT:	SEA-LUTIONS, LLC			
0020101	Nam	e of Limited Liab	oility Company	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.	
Please retui	m all correspondence concerning th	is matter to the fo	llowing:	
Sheila De	eLeon			
	Name of Person	, .	-	
Moore &	Co., P.A.			
	Firm/Company		-	
255 Arag	on Avenue, 3rd Floor			
	Address		-	
Coral Ga	bles, FL 33134			
	City/State and Zip Code		_	
•	@moore-and-co.com			
E-ma	il address: (to be used for future and	nual report notific	ation)	
For further	information concerning this matter	, please call:		
Sheila D	eLeon	786	924-6219	
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number	
Re Di Cl 26	rreet/courier address: egistration Section vision of Corporations ifton Building 61 Executive Center Circle illahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
Ø	\$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.	Na	ame of the limited liability company: SEA-LUTION	S, LLC	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		30 DERBY STREET		30 DERBY STREET
		COCOA, FL 32922		COCOA, FL 32922
		9/12/2012		L12000116870
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)			
٥.	(4)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
		Moore & Co., P.A.		
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u> </u>
		355 Alhambra Circle, Suite 1100		
		Coral Gables , FL	33134	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	0.65	
		Einer name of NEW Registeren Agent and/or NEW Registeren	Onice ad	Gress:
		NEW Registered Office Address:	•	WF SIAN
		255 Aragon Avenue, 3rd Floor		
		Coral Gables , FL	33134	
the age	e cha ent v is/we art: Signa	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regise ability confirmed limited l	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. Held Jelon Marized Reportation Printed or typed name of signee
pro the to	ovisi e obi mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	perform d for in (hereby c	in inis capacity. I juriner agree to comply with the vance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

Signature of Registered Agent