Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address:

## LLC REGISTERED AGENT CHANGE SEABREEZE 1704, LLC

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## 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	ome of the limited liability company: SEABRE	EZE	1704,	LLC			
2. (a)	5 RYDER COURT	(h)	5 RYD	ER COURT			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lim (Note: MAY BE PC			-
	DIX HILLS, NY 11746		DIX HII	LLS, NY 1174	46		
		<del></del>					
	04/17/13	Į	_130000	057537			
3.	Date of filing/registration in Florida	4.		Document number	:r		
5. (a)	CORPORATION SERVICE COMPANY						
(,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- <del>-</del>			
	1201 HAYS STREET						
	Registered Office Address (MUST BE FLORIDA STREET A	(ADDRESS)		-			
	1						
	TALLAHASSEE .FL	32301	-2525	•		2	
	Registered Agents Inc.			•		20R1 OCT 25	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				75	CT 2	-T'1	
	7901 4th St N					25 PH	FILED
	NEW Registered Office Address:				FLORIE	<del></del>	
	STE 300					ა 2	
	St. Petersburg	33702	w				
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist bility con f the limit limited lia	ered office npany, it is ed liability	and the business hereby confirmed company or as of	office of th d that the c	ie regi hange	stered (s)
Signat	ure of a member or authorized representative of a member			Printed or typed nam	e of signee		<del></del>
provision the oblicito mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I him writing of this change.  Bill Havre - Assistant	performai l for in Cl iereby cor	ice of my a lapter 605, ifirm that t	luties, and Lam fa FS Or if this d	miliar with	i ànd e Baine	accept Glad
Signatur	c of Registered Agent		~· <i>y</i>				