## L14000159309

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Office Use Only



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10/06/16--01018--011 \*\*\$5.00



September 29, 2016

Florida Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Change of Registered Agents address Seashore Circle LLC Document # L14000159309

To Whom It May Concern,

Enclosed please find the form and fee for changing the mailing address of the Registered Agent for Seashore Circle LLC and the Authorized Persons address.

Registered Agent: Michael Lawler (stays same)

New Mailing Address: 800 Harbour Drive, Naples, FL 34103

New Registered Agent Address: 800 Harbour Drive, Naples, FL 34103

New Authorized Person Address: 800 Harbour Drive, Naples, FL 34013

Any questions concerning this change please notify us at 239-682-9989.

Kind Regards,

Michele Lawler

Michael Lawler MGR

Seashore Circle LLC

## **COVER LETTER**

TO:	D: Registration Section Division of Corporations						
SUBJECT: Season Circle (LC  Name of Limited Liability Company							
Dear S	Sir or Madam:						
The or	anlasad Pagistarad Agant/Pagista	rad Office Change and fee(s) are submitted for filing					
i ne ei	iciosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.					
Please	return all correspondence concer	ning this matter to the following:					
-	Michele H. La. Name of Person	wer					
	Beashere Cinle	uc					
	Firm/Company						
	· · · · · · · · · · · · · · · · · · ·	Drive					
	Address						
	Naples, FZ 3	4103					
	City/State and Zip	Code					
	mh5 6 1 Cloud E-mail address: (to be used for fut	1. (M)					
I	E-mail address: (to be used for fut	ure annual report notification)					
For fu	rther information concerning this	matter, please call:					
<u> </u>	Michele Lawer						
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRE						
	Registration Section Division of Corporations	Registration Section Division of Corporations					
	Clifton Building	P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
	Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

## ATEMENT 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. N	ame of the limited liability company:	ve	Circle	LIC		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	Ma	ailing address of limit		·
	Maples, FC 34103	_	new: 80	ples, f2 30	1103	<del></del>
	10/10/2014		LIL	10001593	309	
3.	Date of filing/registration in Florida	4.	Γ	Document number	<del>.</del>	
5. (a)	Michael Lawer					
(,	Registered Agent and Registered Office shown on the records of th	e Florida l	Dept. of State:			
	4330 Gulf Store B	Nud . N	1#310			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
	N. 205				- • - • • • • • • • • • • • • • • • • •	
	Tiapes , FL	3410	) <u>s</u>		- <b>1 5</b>	
					<u> </u>	
(b)	Enter name of NEW Registered Agent and/of NEW Registered C	)ffice add	rocs:	i di	d the	
	Enter hanc of NEW Registered Agent and of NEW Registered	Jince aud	icss.	# # # # # # # # # # # # # # # # # # #		
				- 	<b>=</b>	
	NEW Registered Office Address:			OR OR	7.	
	800 Harbour Dri	ve_		]**	(A) (M)	
	Naples ,FL	3411	<u>5</u>			
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the regist bility cou the limi	ered office npany, it is ted liability	and the business of hereby confirmed company or as of	office of the regist I that the change(s	tered s)
	7/		ľ	Tichael La	unte V	
Sign	ature of a member or authorized representative of a member		<u> </u>	Printed or typed name	e of signee	·
I here provis the ob to men notifie	eby accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	ee to act performa for in C ereby co	in this capa nce of my d hapter 605, nfirm that th	city. I further agn uties, and I am fa F.S. Or, if this d he limited liability	ree to comply with miliar with and ac ocument is being j company has bec	h the ccept filed en

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent