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(Reque	estor's Name)	
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(City/S	tate/Zip/Phone	#)
PICK-UP	MAIT	MAIL
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(Docui	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

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· COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Seaside Dwellings, LLC Name of Limited Liability Company			
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:			
Rhonda L. Hinds Name of Person			
Rhonda L. Hinds of Assoc, CPA, PA Firm/Company			
160 MCLeod St. Address			
Merritt Island, FC 32953 City/State and Zip Code			
Lhsmermaid Ogmail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Les lie Schnurbusch at (321) 403 – 2279 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			

S55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company:Seaside Dwellings, LL	<u>C </u>
2. (a) Leslie Schnurbusch, Owner (b) Michael Schnur	busch Direct
Principal office address of limited liability company: Mailing address of limited li (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST Of the company)	ability company:
140 Island Beach Blud. 140 Island Bea	
Merritt Island, FL 32952 Merritt Islan	
PETTEL DOTAIN	de, ie se rez
12-9-14	10
3. Date of filing/registration in Florida 4. Document number	
5. (a) MCGarrell, Thomas P Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
5205 Babcock St. N.E	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Palm Bay FL 32905	1
Plands / Hinds	2
(b) NONCAC L. 17/1/(1) Enter name of NEW Registered Agent and/or NEW Registered Office address:	019
	F 1 1 25
160 McLeod St.	22
NEW Registered Office Address:	2 77
Merritt Island	
21050	19
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confi	irmed that after
the change or changes are made, the Florida street address of the registered office and the business offic agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that	at the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as other the articles of organization or the operating agreement of the limited liability company.	wise provided in
Moluly M Leslie H. Schnurt	busch
Signature of a member or authorized representative of a member Printed or typed name of s	signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I um famili	to comply with the ar with a nd accept
provisions of all statutes relative to the proper and complete performance of my duties, and I am famili the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered office address, I hereby confirm that the limited liability con	ment is b eing filed mpany 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