L15000162609

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
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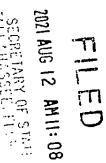
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ClubSED LLC	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
Frie Codermon	
Eric Sederman	
Name of	Person
ClubSED LLC	
Firm/Cor	npany
P.O. Box 452524	
Addres	S
Kissimmee, FL 34745	
City/State an	d Zip Code
ClubSED LLC@he	otmail.com
	for future annual report notification)
For further information concerning	g this matter, please call:
Eric Sederman	at (702) 6834448
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AL	
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Ci Tallahassee, Florida 3230	
Enclosed is a check for t	he following amount:
□ \$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.

Name of the limited liability company: ClubSED	
a) 1024 FLORIDA PKWY.	(b) P.O. Box 452524
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
Kissimmee, FL 34743	Kissimmee, FL 34745
09/24/2015	L15000162609
Date of filing/registration in Florida	4. Document number
(a) UNITED STATES CORPORATION AGENT	ΓS, INC.
Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:
5575 S. SEMORAN BLVD	
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
SUITE 36	
ORLANDO FI	132822 FR 1
Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	d Office address:
NEW Registered Office Address:	
STE 300	
St. Petersburg	L33702
change or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited li	nws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registere liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. Eric Sederman
gnature of a member or authorized representative of a member	Printed or typed name of signee
reby accept the appointment as registered agent and agi visions of all statutes relative to the proper and complete obligations of my position as registered agent as provide verely reflect a change in the registered office address, I find in writing of this change	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and acce ed for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent