115000205867

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

Office Use Only



000303920210

10/04/17--01009--003 **25.00

70/3/17

7 OCT -4 PH 1 28
SECRETARY OF STATE
ALLAHASSEF FLORIDA

0CI -4 PH 4

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SES Quality Seq Food CCC 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:
Joe Piggotte HT Name of Person Sign Control Name of Person
SES QUELITY Seafor, CLC
1274 Corti Ave. Address
Port Orange FC 32129 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
July Piggotte III at (386) 566 - 1201 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clofton Building Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee

, 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: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MUST BE STREET ADDRESS)

filing/registration in Florida 3. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (b) gent and/or NEW Registered Office address: Enter name of NEW Registered NEW Registered Office Address:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an artificiative vote of the members of the limited liability company or as otherwise provided in the articles of openization of the operating agreement of the limited liability company.

Signature, of a member or authorized representative of a member

Vhereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change

uponture of Registered Agent