## LIUOUO33661

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Cil	y/Gtate/Zip/F110He	· π)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY SECTIONION

AUG 1 6 2016

S. YOUNG

## **COVER LETTER**

TO:	Registration Section  Division of Corporations	
SUBJE		ed Liability Company
Dear Si	r or Madam:	
The end	closed Registered Agent/Registered Office Change	and fcc(s) are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
Ch	Name of Person	
<u>SE</u>	FILM HOLDINGS LLC Firm/Company	· · · · · · · · · · · · · · · · · · ·
22	9 HIBISCUS AUE Address	
Lai	City/State and Zip Code	<u>308</u>
bri	adford homes in according to the mail address: (to be used for future annual report in	t notification)
For fur	ther information concerning this matter, please call	:
Ch	Name of Person at (95	74 ) 818-2666 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

□ \$55 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.	Na	nme of the limited liability company:SEFLA_	HOLDINGS LLC
2.	(a)	330 S.W 2 nd ST \$105 FT. Lavo . FL. 33312	(b) 3305.W. 2 nd. St, #105 FT. Laud. Fl. 353.
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.		2/17/16  Date of filing/registration in Florida	4. Document number
5	(a)	NOOHANI ADVISORY SERVICES LLC	2305 132 16+ 4105 et 10 cd f(-333/2
J. (u)	` ,	Registered Agent and Registered Office shown on the records of the 330 5. W. 2 nd. St. FT. Lavd. FL, 33 Registered Office Address (MUST BE FLORIDA STREET AD	he Florida Dept. of State:  83312  IDDRESS)  6 HASS
		. FL	
	(b)	Chaples Bratford.	= = = = = = = = = = = = = = = = = = =
	• •	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:
		229 HIBISCUS AUE, Laul. by The  NEW Registered Office Address:  229 HIBISCUS AUE	e Sea, Fl. 33308
		Lauderdale by The Sea , FL	33308
the ag wa the	e cha ent v as/we e arti	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	vs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  Charles Branford.  Printed or typed name of signee
	Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
I pr	herei ovisi e obl meri	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided t ely reflect a change in the registered office address. I he	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accep I for in Chapter 605, F.S. Or, if this document is being filed tereby confirm that the limited liability company has been

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