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SECRETARY OF STATE
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K. SALY JUN - 7 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:				
Name of	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Jason Henne				
Name of Person				
Seeing Evil LLC				
Firm/Company				
500 Belcher Rd. S. #59				
Address				
Largo, FL 33771				
City/State and Zip Code				
henne831@yahoo.com				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, plea	ase call:			
Jason Henne	727 600-1295			
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			
Enclosed is a check for the 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.

1. Na	ame of the limited liability company: Seeing Evil L	LC	
2. (a)	Jason Henne	(b) Jason He	enne
<u>.</u> , (u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ , ,	tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	500 Belcher Rd. S. Unit 59	500 Belc	her Rd. S. Unit 59
	Largo, FL 33771	Largo, Fl	_ 33771
	April 4th, 2016	L1600006	6704
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Legalinc. Corporate Services Inc.		
. ,	Registered Agent and Registered Office shown on the records of 5237 Summerlin Commons	the Florida Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET) Suite 400	ADDRESS)	
	Fort Myers Fi	33907	2017 SE TAL
(b)			FILE CRETARY OF LAHASSEE. F
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	~~~
	500 Belcher Rd. S. Unit 59		PH 2: 33 OF STATE E. FLORID
	NEW Registered Office Address:		RIDA
	Largo	L ³³⁷⁷¹	•
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members recessor organization or the operating agreement of the	iws of the State of Floof the registered office lability company, it is of the limited liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in inpany.
_	nature of a member or authorized representative of a member		Printed or typed name of signee
provi. the ol to mu notifi	eby accept the appointment as registered agent and as stons of all statutes relative to thi proper and complet bligations of my position as registered agent as provid refy fellect a change in the registered office address. ed in writing of this change.	gree to act in this cap e performance of my led for in Chapter 602 I hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	Division of Corporations ◆ P.O	. Box 6327● Tallaha	ssee, FL 32314

FILING FEE: \$25.00