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(Re	equestor's Name)						
(Ad	ldress)						
(Ad	ldress)						
(Cit	ty/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
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COVER LETTER

TO: Registration Section

Division of Corporations							
SUBJECT: 6035 SEA RANCH DRIVE, LL	6035 SEA RANCH DRIVE, LLC						
	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 n	natter to the following:						
SANDRA RAMOS							
Name of Person							
6035 SEA RANCH DRIVE, LLC							
Firm/Company							
6906 BARRY ROAD							
Address							
TAMPA, FL 33634							
City/State and Zip Code							
SERAMOS11@VERIZON.NET							
E-mail address: (to be used for future annual	report notification)						
For further information concerning this matter, ple	ease call:						
SANDRA RAMOS	813 885-7154						
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 am	ount:						
■ \$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: 6035 SEA R	ANCH DRIV	VE, LLC			
2. (a)						
` ` `	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing ad			ility company: FICE BOX)
	6906 BARRY ROAD					
	TAMPA, FL 33634					
	5/11/2016	L16	3000094081			
3.	Date of filing/registration in Florida	4.	Docume	ent numbe	r	
5. (a)						
(-)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	t. of State:			
	JEFFREY J MCDONALD					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	2759 CAMDEN ROAD					
	CLEARWATER	_L 33759				
(b)	Enter name of NEW Registered Agent and/or NEW Registered SANDRA RAMOS NEW Registered Office Address: 6906 BARRY ROAD	d Office address	;	TORETARY OF STATE	別 ## 22 P 3	
	TAMPA .FI	_L 33634		RIDA	5	
signa I heresprovisithe oblito mercifice	imited liability company is not organized under the launge or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members des of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	f the registere iability compared of the limited liabil free to act in the	d office and the any, it is hereby liability comparlity company. If the liability company. Printed of this capacity. It	business confirmed by or as of ryped name	office I that t therwise Office of sign	of the registere he change(s) se provided in nee