## LMcOCO107124

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500286935345

08/24/16--01008--004 \*\*25.00

AUG 25 2016 S. YOUNG

10 AUG 24 AM 11: 13



## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Seaway Studios, 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 matter to the following:					
Curry Walls Name of Person					
1 value of 1 of soft					
5th Avenue Films					
Firm/Company					
3510 Kraft Rd.					
Naples Florida 34/04 City/State and Zip Code					
CUYVY C 54h Avenue Films. Com E-mailladdress: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Carry Walls at 310, 880-8760					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$25 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	me of the limited liability company: Seaway Studio	s. LLC
2.		15120 Royal Windale Municipal	apol Windsor Ln #1601
			[at]]ng address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Fort Muers Florida Fort	Muers Florida
		33919	33919
		June 30, 2016 L16	000107724
3.		Date of filing/registration in Florida 4.	Document number
5.	(a)	Mary Anne Jones	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	<b>=</b> 58
		2828 Jackson St. Un+54	AL A
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	AUG 24
		Fort Myers ,FL 33901	<b>B</b> 1100
		0	
(	(b)		<u> </u>
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		3510 Kraft Rd # 200	
		NEW Registered Office Address:	
		Naples ,FL 34109	
the age was the	chaint we artic	v accept the appointment as registered agent and agree to act in this cana	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  Walls  Printed or typed name of signee  city. I further agree to comply with the
pro the to n	visio obli iere	ons of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address, I hereby confirm that the in writing of this change.	uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

Signature of Registered Agent