L17000062441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100296684971

03/20/17--01022--007 **25.00

FILED
17 APR 24 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
APR 27 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2017

ALEXEY MADRAZO IZQUIERDO
513 SW 9TH AVE
CAPE CORAL, FL 33991

SUBJECT: SEABEDART LLC
Ref. Number: L17000006241

We have received your document for SEABEDART LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete section 5b of application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 217A00005388

FILED
17 APR 24 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 APR 24 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seabedart 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:

Alexey Madrazo Izquierdo
Name of Person

Seabedart LLc
Firm/Company

513 Sw 9th ave
Address

Cape coral ,Fl 33991
City/State and Zip Code

alex@seabeart.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexey Madrazo at (239) 6285573
Name of Person Area Code & Daytime Telephone Number

FILED
17 APR 24 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Seabedart LLc

2. (a) 513 sw 9th ave, cape coral fl 33991
Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

(b) 513 sw 9th Ave,cape coral,fl 33991
Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

3. 01/09/2017
Date of filing/registration in Florida

4. L17000006241
Document number

5. (a) Alexey Madrazo Izquierdo MR
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
513 Sw 9th Ave
Cape Coral, FL 33991

(b) Alexey Madrazo Izquierdo MGR
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

513 SW 9TH AVE
NEW Registered Office Address:
Cape Coral Fl
, FL 33991

FILED
APR 24 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Alexey Madrazo
Printed or typed name of signee

I hereby accept the appointment as 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.

Signature of Registered Agent

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

INHS18 (2/14)