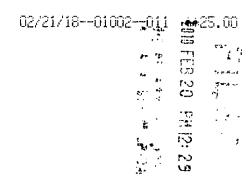


(Requestor's Name)							
(Address)							
(Address)							
(Cit	ty/State/Zip/Phon	e #)					
<u></u>	☐ WAIT	·					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							







HARRIE

COVER LETTER

	Registration Section Division of Corporations						
CIID IE	_	Seaside Place Key West LLC					
SUBJE	SUBJECT: Name of Limited Liability Company						
Dear Sir	or Madam:						
The enc	losed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning this	s matter to the following:					
Joyce	Moore						
	Name of Person						
	Firm/Company						
910 Ja	rmes Street						
	Address						
Key W	est FL 33040						
	City/State and Zip Code						
casake	ey@me.com						
E-1	mail address: (to be used for future annu	ual report notification)					
For furth	ner information concerning this matter,	please call:					
Joyce	Moore	305 797 3397					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section					
	Division of Corporations						
Clifton Building P.O. Box 632		P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
1	■ \$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	Seaside Plac	е Кеу	West LL0			
	Joyce Moore		Craig I	Fazio		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 910 James Street		(b)			
4	Jan 25, 2018		L170000			
3.	Date of filing/registration in Florida United States Corporation Agents, INC	4,		Document number	<i>:</i>	
5. (a)	Registered Agent and Registered Office shown on the records of 13302 Winding Oak Court A, Tampa, FL 336		la Dept. of St	ate:		
	Registered Office Address (MUST BE FLORIDA STREET) 13302 Winding Oak Court A	ADDRES	য়	_	2010	
	Tampa, FL	33612	2	_	* * * T	
(L)	Joyce Moore					
(b) _	Enter name of NEW Registered Agent and/or NEW Registered	Office a	idress:			
	910 James Street, Key West, FL 33040				1 N	
	NEW Registered Office Address: 910 James Street				يّن رُ	
	Key West	33040)			
the cha agent w was/we the arti- Signar	mited liability company is not organized under the law nge or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited limited limited by an affirmative vote of the members of cless of organization or the operating agreement of the company accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by sufficient of the change in the registered office address, I is the change in the registered office address, I is the change in the registered office address, I is the change in the registered of the change in the registered agent as provided the change in the registered of the change in the registered agent as provided the proper agent	the reg ability of the lin limited Cr	istered offi ompany, it nited liabil liability co alg R Faz	ce and the business of is hereby confirmed ity company or as other many. Elo Printed or typed name	office of the registered that the change(s) herwise provided in	
	ly raffect a change in the registered office address, I if writing of this change. e of Registard Agent	Hereby (confirm that	ii ine limited liability	company has been	

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