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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations				
SUBJECT: Seaway Syndicate LL Name of Limited	Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	e following:			
William J Elliott Jr Name of Person	······			
Seaway Syndicate LLC Firm/Company				
20 Harbour Isle Drive West Address	-Unit PH1			
Fort Pierce, FL. US 34949 City/State and Zip Code	<u> </u>			
E-mail address: (to be used for future annual report not	ification)			
For further information concerning this matter, please call:				
William J Elliott Jr at 772	2 828-3902			
Name of Person	Area Code & Daytime Telephone Number			
	MAILING ADDRESS:			
	Registration Section Division of Corporations			
•	2.O. Box 6327			
•	Callahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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	110		
1. Na	ame of the limited liability company: _Seaway Syr	ndicate	446	<i>~</i> / 0 1 .	-
2. (a)	20 Harbour I sle Drive West	(b) 20 /	arbour.	Isle Drive We	٠
•	Principal office address of limited liability company:		Mailing address	of limited liability company:	
	(<u>Note: MUST BE STREET ADDRESS</u>)	11.	. OU1	BE POST OFFICE BOX)	
	Unit PHI	Uni	<u>† [// </u>	TO 1	
	Fort Pierce, FL US 34949	tort	Pierce.	FL US 3497	_{1
	· · · · · · · · · · · · · · · · · · ·		/		
	July 17, 2017	L1/	000152	L408	_
3.	Date of filing/registration in Florida 4.		Document no	umber	
5. (a)	William J Elliott Jr				
(,	Registered Agent and Registered Office shown on the records of the Flori	da Dept. of Sta	te:		
	23 Harbour Isle Drive West				
	Registered Office Address (MUST BE FLORIDA STREET ADDRES	<u>5S)</u>			
	203				
	Fort Pierce ,FL 34	949		Francisco	
			_		
(b)	William J Elliott Jr		_	EC #	
()	Enter name of NEW Registered Agent and/or NEW Registered Office a	ddress:	_		
	20 Harbour Isle Drive West		_	M 8: 45	
	NEW Registered Office Address:			94 	
	Unit PH1		_	<u></u>	
	Fort Pierce ,FL34	949			
If the I	imited liability company is not organized under the laws of th	e State of Fl	orida it is her	eby confirmed that after	
the cha	ange or changes are made, the Florida street address of the reg	gistered offic	e and the busi	ness office of the registere	d
	will be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the li				
the arti	icles of organization or the operating agreement of the limited	l liability cor	mpany.	-	
W	ture of a member or authorized representative of a member	Nillian	7 / E//:07	ed name of signee	_
provisi	by accept the appointment as registered agent and agree to a constant statutes relative to the proper and complete performs	mance of my	duties, and I	er agree to comply with the am familiar with and accep this document is being file.)t I
to mer notifie	ions of all statutes relative to the proper and complete perfor ligations of my position as registered agent as provided for in ely reflect a change in the registered office address, I hereby d in writing of this change.	confirm that	the limited lid	ability company has been	•

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