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## COVER LETTER

TO: Registration Section Division of Corporations	
Subject: Seagrove East Partners, LLC	
<del></del>	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Bruton M. Campbell-Work	
Name of Person	<del></del>
Clark Partington	
• Firm/Company	<del></del>
4100 Legendary Drive, Suite 200	
Address	<del></del>
Destin, FL 32541	
City/State and Zip Code	<del></del>
beampbell@clarkpartington.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please	se call:
Bruton Campbell-Work	850 650-3304
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	unt:
≨ \$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.

Destin  FL 32541  e limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the age or changes are made, the Florida street address of the registered office and the business office of the registered is will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in articles of otganization or the operating agreement of the limited liability company.  **DOCAT HOHE**  Printed or typed name of signee  reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the istons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 005, F.S. Or, if this document is being filed greatly reflect a change in the registered office address. I hereby confirm that the limited liability company has been	Na	me of the limited liability company: Seagrove East Part	mers, L	TC			
Principal office address of limited liability company:  (Note: MUST RE STREET ADDRESS)  Suite B  Inlet Beach, FL 32461  Document number  L17000189437  Date of filing/registration in Florida  Andrews ERA Partners, LLC  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1250 Circle Drive  Registered Office Address  MUST RE FLORIDA STREET ADDRESS)  Defuniak Springs  FL 32435  Bruton M. Campbell-Work  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Suite 200  Destin  FL 32541  Elimited liability company:  (Nett: MAY RE POST OFFICE ROSS)  Address ERA Partners, LLC  Registered Office Address  (MUST RE FLORIDA STREET ADDRESS)  AND STREET ADDRESS)  Principal of the State of Florida, it is hereby confirmed that after the go or changes are made, the Florida street address of the registered office address:  Suite 200  Destin  FL 32541  Elimited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the go or changes are made, the Florida street address of the registered office and the business office of the registered were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in tricks of organization or the operating agreement of the limited liability company or as otherwise provided in the state of a state of provided in the state of provided in the state of pr	a)	13123 Emerald Coast Parkway East		(b)	3123 Emerald Coast Parkway East		
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)