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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

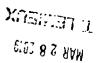
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Raker amanda.raker@cscglobal.com

Date: March 15, 2019

Order#: 687009/010

Re: 5Q SEABREEZE, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

X Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Amanda Raker c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

	ame of the limited liability company: 5Q SEABREEZ		b) 326 SEABREEZE AVE.
ž. (a)	326 SEABREEZE AVE. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(6)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PALM BEACH, FL 33480	-	PALM BEACH, FL 33480
	01/25/2018		L18000022724
S.	Date of filing/registration in Florida	4.	Document number
i. (a)	UNITED STATES CORPORATION AGENTS, INC.		
. (~)	Registered Agent and Registered Office shown on the records of t		a Dept. of State:
	13302 WINDING OAK COURT A		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u>S)</u>
	TAMPA	33612	
(b)	Corporation Service Company		AHAYS GELLEN
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	\$ 100 (**** ********************************
	4004 11		(2)
	1201 Hays Street NEW Registered Office Address:		
	tegisteres vince reducts.		
	Tallahanna	22224	
	Tallahassee	32301	<u>. </u>
he cha igent v vas/wi	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist bility cou f the limi	istered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
/s/ M	aryLou Queally Salvati	Mary	ryLou Queally Salvati, Authorized Person
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	nertarma	pance of my duties, and I am familiar with and acce
Signatu	re of Registered Agent Corporation Service Company	BY: Gr	Grace E. Kirby, Asst. Vice President