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## **COVER LETTER**

TO:

INH\$18 (2/14)

Registration Section

Division of Corporations	
Sea Shore Capital LLC	
	f 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 m	natter to the following:
Daniel Frid	
Name of Person	
Sea Shore Capital LLC	N.P.
Firm/Company	, , , , , , , , , , , , , , , , , , ,
131 Auburn Drive	
Address	
Lake Worth, FL 33460	
City/State and Zip Code	
danya2112@yahoo.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Daniel Frid	561 4516158
Name of Person	Area Code & Daytime Telephone Number
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 am	nount:
■ \$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.	Na	me of the limited liability company:  Sea Shore Ca	ipitai t	LC				
2. (	a)	131 Auburn Drive	(	<sub>b)</sub> 131 Au	burn Drive			
<u> </u>	a j	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
		Lake Worth, FL 33460						
			_	Lakewo	rth, FL 33460			
	•	03/17/2018	L18000069601					
3.		Date of filing/registration in Florida	- 4.		Document nun	nher		
	(~\	Daniel Frid			Divouniem viza			
5. (a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State 333 Fern St # 1213			ate:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		West Palm Beach , FL	33401		<del>-</del>			
(b)	b)	Enter name of NEW Registered Agent and/or NEW Registered C		ddress:	_			
		NEW Registered Office Address:			_			
		Lake Worth , FL	33460	)	_			
the ager	cha it v /wc	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility of f the li	istered offic company, it mited liabili	ce and the busing is hereby confiri ity company or a	ess office o med that th	of the registered he change(s)	
	_	<u></u>	Da	niel Frid				
I he prov the c to n noti	erel visi obli ere fiec	ture of a member or authorized representative of a member by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I follow writing of this change.	ce to a perfori I for in iereby	ct in this ca nance of my Chapter 60 confirm tha	Printed or typed in pacity. I further of duties, and I am 15, F.S. Or, if the time the limited liab	auree to c	comply with the	