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COVER LETTER

Division of Corporations		.•
Dandi by the Sea LLC SUBJECT:		
	Name of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	following:
Daniel Seydlorsky		
Name of Person	· · · · · · · · · · · · · · · · · · ·	
Dandi by the Sea		
Firm/Company		
7 Avalon Terrace		
Address		
Palm Coast Florida 32137		
City/State and Zip Cod	le	
lorsky9@yahoo.com		
E-mail address: (to be used for future	annual report notif	fication)
For further information concerning this mat	ter, please call:	
Diana Seydlorsky	904 at (504 8024
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ing amount:	
■ \$25 Filing Fee	CJ \$	655 Filing Fee & Certified Copy

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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.

7 /	Avalon Terrace, Palm Coast, Fl 32137	(t	o) 7	7 Avalon Terrace, Palm Coast, Fl 32137
, <u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	~/ <u> </u>	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
7	Avalon Terrace	_	7	7 Avalon Terrace
Pa	alm Coast Florida 32137		P	Palm Coast Florida 32137
9/7	7/21		LΙ	.18000162608
	Date of filing/registration in Florida	4.		Document number
(i) U:	NITED STATES CORPORATION AGENTS, INC.			
	egistered Agent and Registered Office shown on the records of th	e Florida	a De	Dept. of State:
U	INITED STATES CORPORATION AGENTS, INC.			
Re	egistered Office Address (MUST BE FLORIDA STREET AL	DDRESS	<u></u>	
55	575 S. Semoran Blvd Suite 36			
0	Orlando 3	2822		7021 SEP 10
_	, FL_			
Dia	ana Seydlorsky			(1) ·
	nter name of NEW Registered Agent and/or NEW Registered (Office ad	dre	ress: Sign of D
D	Diana Seydlorsky, Accountant			<i>:</i> :: ω
NJ	EW Registered Office Address:			
7	Avalon Terrace			
Pa	alm Coast	2137		
	, L			
limi ge or will were:	ited liability company is not organized under the laws changes are made, the Florida street address of the rebe identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of so forganization or the operating agreement of the li	of the egistere ility co	ed o inp nite	l office and the business office of the regis npany, it is hereby confirmed that the chan ed liability company or as otherwise provi
ul	Solvey	Dani	iel :	l Seydlorsky
	of a member or authorized representative of a member			Printed or typed name of signee

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

Signature of Registered Agent