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| (Requestor's Name) | | | | | | |
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| Special Instructions to | Filing Officer: | | | | | |
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COVER LETTER

INHS18 (2/14)

| TO: | Registration Section Division of Corporations | | | | | | |
|---|--|---|--|--|--|--|--|
| SUBJE | SEEDFUNDERS FJORD WEATHER FUND, LLC Name of Limited Liability Company | | | | | | |
| | | | | | | | |
| Dear S | ir or Madam: | | | | | | |
| The en | closed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. | | | | | |
| Please | return all correspondence concerning th | is matter to the following: | | | | | |
| DAVI | D CHITESTER | | | | | | |
| | Name of Person | | | | | | |
| SEED | FUNDERS FJORD WEATHER F | FUND, LLC | | | | | |
| | Firm/Company | | | | | | |
| 501 1 | ST AVE N, STE 901 | | | | | | |
| | Address | | | | | | |
| STP | ETERSBURG, FL 33701 | | | | | | |
| | City/State and Zip Code | | | | | | |
| DAVE | @CHITESTER.COM | | | | | | |
| Ë | -mail address: (to be used for future anr | nual report notification) | | | | | |
| For fur | ther information concerning this matter. | please call: | | | | | |
| DAVE | CHITESTER | 813 335-0322 | | | | | |
| · · · · · · · · · · · · · · · · · · · | 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 amount: | | | | | | | |
| | ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR I LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liab submits the following statement in order to change its registered office or registered agent, or both, in Florida.

| 1. N | ame of the limited liability company: | SEEDFUNDE | RS FJ | ORD WE | EATHER FUND, LLC |
|-------------------------------------|---|---|--|--|--|
| 2. (a) | , | | | | |
| ` , | Principal office address of limited 1 (Note: MUST BE STREET | | | , <u> </u> | Mading address of limited liability (Note: MAY BE POST OFFIC |
| | 501 1ST AVE N, SUITE 901 | | | 501 1S | T AVE N, SUITE 901 |
| | ST PETERSBURG, FL 3370 | 1 | | ST PE | TERSBURG, FL 33701 |
| | 09/10/2018 | | | L180002 | 215037 |
| 3. | Date of filing/registration i | n Florida | 4. | | Document number |
| 5. (a) | | | | | |
| | Registered Agent and Registered Office sho | own on the records of t | he Florida | Dept. of St | ite; |
| | DAVID CHITESTER | | | | |
| | Registered Office Address (MUST BE) | | | | |
| | 260 1ST AVE SOUTH | | | | _ |
| | ST. PETERSBURG, FL | | 33701 | | |
| | | , . r., | | | _ |
| (b) | | | | | 7. 20 |
| , . | Enter name of NEW Registered Agent and | l/or NEW Registered | Office add | dress: | 7019 SEP |
| | DAVID CHITESTER | | | | |
| | NEW Registered Office Address: | | | | _ |
| | 501 1ST AVE N, SUITE 901 | | | | ι. Ξ |
| | | · | | | |
| | ST PETERSBURG, FL | , FL | 33701 | | |
| the cha agent was/was/wasthe art | imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating | a street address of Florida limited lia of the members of agreement of the | the regis bility co f the lim limited l | stered officompany, it ited liabil iability co | ce and the business office of the is hereby confirmed that the city company or as otherwise points. |
| Signa | ture of a member or authorized representative | e of a member | | | Printed or typed name of signee |
| provisi the obi to mer | by accept the appointment as registe ions of all statutes relative to the proligations of my position as registered ely reflect a change in the registered d in writing of this change. | red agent and agre per and complete _l agent as provided office address, I h | ee to act performa I for in C vereby co | in this ca ance of my Chapter 60 Onfirm tha | pacity. I further agree to com duties, and I am familiar with 5, F.S. Or, if this document is t the limited liability company |
| Signatu | David Chitester ore of Registered Agent | | | | |
| | ······································ | | | | |

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