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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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COVER LETTER

LLC

TO:	Registration Section Division of Corporations			
SUBJI	ECT: SEA TRIDENT Name of Limited Lia	ENTER PRISES bility Company		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office Change and fo	ee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the fo	ollowing:		
	Edvando Rodni Grez Name of Person	_		
SEA TRIDENT ENTERPRISES LLC Firm/Company				
/	3818 SW 152 ST Sto	<u>=</u> 228		
	MIAMI FL. 33/77 City/State and Zip Code	_		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	Name of Person	7, 283 - 8580 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 amounts			

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

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: SEA TRIVENT	
2. (a)	Sca Thi deat Enter prises LL (b) Se Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	13818 SW 152 St Stc 228	
	MiAMI, FL. 33177	MiAMI, FL. 33177
	12/15/2018	L 18000287968
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Eduando Rodnibuez	
• •	Registered Agent and Registered Office shown on the records of the Florida Dept. of	of State:
	18334 Sw 154 P/4CC	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	MiAMi .FL 3318	<u>)</u>
(b)	Eduando Rod Ri Guez	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
	13818 SW 152 St Ste 228	
	NEW Registered Office Address:	
		
	MiAMI FL 3317	<u>')</u>
change agent w was/we	imited liability company is not organized under the laws of the State of or changes are made, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited liability companyone authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability	te and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	ture of a member or authorized representative of a member	Edvando Rodhi Grez Printed or typed name of signee
Signat	ture of a member or authorized representative of a member	Printed or typed name of signee
provision the oblination to mere	by accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapter lev reflect a change in the registered office address, I hereby confirm I in writing of this change.	capacity. I further agree to comply with the my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent