## 21000113489

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SEALIFE DIGITAL LLC SUBJECT:	
	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
TIM SNYDER	
Name of Person	<del></del>
SEALIFE DIGITAL LLC	
Firm/Company	
17611 BLUE RIDGE PLACE	
Address	
BRADENTON FL 34211	
City/State and Zip Code	
TIM@SEALIFE.DIGITAL	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	; please call:
TIM SNYDER	727 754-0640 at ()
Name of Person	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	g amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

#5

## 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. N	ame of the limited liability company: SEALIFE DIGIT	AL LLO		UE RIDGE PLACE	<del></del>
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  BRADENTON FL 34211	_	(b)	Mailing address of limited (Note: MAY BE POST TON FL 3421)	
	APRIL 14, 2021	_	L210001734	489	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)				_	,
	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Stati	e:	:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1150 NW 72 AVE TOWER I. STE 455			-	
	MIAMI , FI	33126		_	
(b)	TIMOTHY SNYDER  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:	-	:. :
	NEW Registered Office Address:			_	
	17611 BLUE RIDGE PLACE			_	
	BRADENTON, FI	34211			
change agent v was/wi the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of organization or the operating agreement of the	registe ability of the li- limited	ered office and company, it is imited liability	d the business office of the business office of the shereby confirmed the y company or as other apany.  TDER	f the registered it the change(s) wise provided in
	thre of a member of amember			Printed or typed name of	-
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	perfori d for in	mance of my a Chapter 605	lutics, and I am famili . F.S. Or. if this docu	ar with and accept ment is being filed
Signard	re of Registered Agenit				
	District Co. Co.	D	22. 7. 0. 1	E1 22244	

Division of Corporations P.O. Box 6327 Taliahassee, Fl. 32314 FILING FEE: \$25.00