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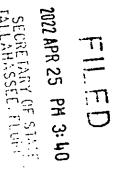
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HOR	NE
	JUN 2 1	2022
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TO: Registration Section Division of Corporations	• •
SEA CASTLE CONSTRUCTION, LLC	
Name of I	Limited Liability Company
Dear Sir or Madam:	ı
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	
Lisa Sensabaugh	
Name of Person	
NCH REGISTERED AGENT	
Firm/Company	
4730 S FORT APACHE RD STE 300	
Address	
LAS VEGAS, NV 80147	
City/State and Zip Code	
franortiz@benecap.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
at (00 922-3767
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 Tallahassee, FL 32314	The Centre of Tallahassee
ramanassee, PL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
/ NBS18 (2/14)	5 · 1- a serince 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

	CONSTRUCTI	
Principal office address of limited liability company:	(b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability co (Nate: MAY BE POST OFFICE)
13925 OLD COAST ROAD UNIT 1601	P.0	O. Box 542
NAPLES, FL 34110	Lo	ngandale, NV 89021
9/13/2021	L2 10	000403740
Date of filing/registration in Florida	- 4	Document number
Registered Agent and Registered Office shown on the records of ROSSI, VINCENT A, III	f the Florida Dep	t of State.
Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
13925 OLD COAST ROAD UNIT 1601	препад	ECG P
NAPLES		
, F	L 34110	
Enter name of NEW Registered Agent and/or NEW Registere	d Office address	
Enter name of NEW Registered Agent and/or NEW Registere NCH Registered Agent	d Office address	SECRETARY OF STATE TALLMINSSEE, TLIMIT
NCH Registered Agent NEW Registered Office Address:	d Office address	
NCH Registered Agent	d Office address	
NEW Registered Office Address:	d Office address	