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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

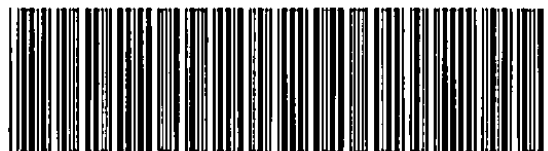
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TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Seaside Enterprises LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory Jones

Name of Person

South Seaside Enterprises LLC

Firm/Company

515 E. Las Olas Blvd., Suite 120-D43

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

information@southseasideenterprisesllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Jones

at ( 954 )

656-2153

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
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*

1. Name of the limited liability company: South Seaside Enterprises LLC

2. (a) 515 E. Las Olas Blvd (b) 515 E. Las Olas Blvd

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Suite 120-D43

Suite 120-D43

Fort Lauderdale, FL 33301-2296

Fort Lauderdale, FL 33301-2296

3/17/22

1.2200044161

L2200044161

3. Date of filing/registration in Florida

4. Document number

5. (a) Gregory Jones

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1007 North Federal Highway

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

#202

Fort Lauderdale

FL 33304

(b) Gregory Jones

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

515 E. Las Olas Blvd

**NEW** Registered Office Address:

Suite 120-D43

Fort Lauderdale

FL 33301

2022 MAY 14 PM 4:07  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent