Division of Corporations

To:

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZCOM.COM INC.

Account Number : I20010000062 : (323)962-8600

Fax Number : (323)389-0502

er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT CHANGE

SEA BREEZE CONSTRUCTION & CONSULTANTS L.L.C.

Certificate of Status	0
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NGV - 7 2023

To:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SEA BREEZE CONSTRUCTION & CONSULTANTS L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office	ee Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Cheyenne Moseley	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	· · · · · · · · · · · · · · · · · · ·
101 N. Brand Blvd., 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
ecarafa@verizon.net	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	lease call:
Cheyenne Moseley	800 773-0888 ext 9724
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 a	mount:

□ \$25 Filing Fee & Certified Copy

INHS18 (2/14)

To:

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: SEA BREEZ	E CO	NSTRUCT	FION & CONSULTAI	NTS L.L.C.
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	N	failing address of limited liability (Note: MAY BE POST OFF)	ty company:
	78 Cool Breeze Loop		78 Cool I	Breeze Loop	
	Freeport, Florida 32439		Freeport	, Florida 32439	
	09/19/2022		L2200040	6436	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)) <u></u>				
	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENT		•	:	?
	Registered Office Address (MUST BE FLORIDA STREET)	DDRES	<u>S)</u>		
	476 RIVERSIDE AVE.				•
	JACKSONVILLE	32202	·····		
	, FL		·		: n
(b)					ت : : :
()	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:		نب
	Edward John Carafa				
	NEW Registered Office Address:				
	78 Cool Breeze Loop				
	Freeport , FL	32439			
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reginability confidence of the linusted	stered office ompany, it is nited liability	and the business office of hereby confirmed that the company or as otherwise pany.	the registered change(s)
Signa	ture of a member or authorized representative of a member			Printed or typed name of prence	
provision the object to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have been address.	perform I for in (iereby c	ance of my di	uties, and I am familiar w F.S. Or, if this document he limited liability compan	ith and accept
Oleman					