## M04000004786

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Searay, 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	g this matter to the following:
Alice Campbell (Name of Person)	2005 
Gray Plant Mooty	2005 NOV 21 AM 11: 50 DIVINOR OF SEE, FLORIDA
(Firm/Company)	SEE SEE
80 S. 8th Street, Suite 500	1:50 1:50
(Address)	DA S
Minneapolis MN 55402	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Alice Campbell	at (612 ) 632-3031
(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	ing amount:
\$25 Filing Fee	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability	company is: SE	EARAY, L	LC -	
2. The mailing address of the limit	ed liability comp	any is: _	····	<u></u>
7760 France Avenue South, Su	iite 1020, Edina	, MN 55	435	
11/02/2004	,	<del></del>	M04000004786	
3. Date of filing/registration in Flo	rida	-	4. Document number	
5. The name of the registered agent Florida Department of State:	_	ed office	address as shown on the re	cords of the
Beverl	ey M. Miller			
4209 S	ANCTUARY \	ame NAY		
		dress	· · · · · · · · · · · · · · · · · · ·	
BONIT	A SPRINGS F	L 3413		79
	City, Sta	ite and Zi	p	后有力
6. The name and address of the nev	v registered agen	t and/or o	office:	2005 NON 21 AM 11: 50  2005 NON 21 AM 11: 50  DIVINITION OF THE PLORIDATION
Beverle	ey M. Miller			SSER
	Nan			150 E
<del> </del>	Noodlyn Drive			
Florida	street address (P	O. Box I	NOT acceptable)	RECE
<u>Bonita</u>	<del></del>	L_3413	<del></del>	
	City, State	e and Zip		
If the limited liability company is n confirmed that after the change or and the business office of the regis liability company, it is hereby conf of the members of the limited liability confirmed agreement of the limited liability company, and the limited liability company agreement of the limited liability company.	changes are made tered agent will be irmed that the ch ility company or imited liability co	e, the Flor be identication ange(s) was otherw	rida street address of the re al. Or, in the case of a Flo vas/were authorized by an	egistered office rida limited affirmative vote
Curio D. Millor Mombor				
Craig R. Miller, Member (Printed or typed name of signee)		Apr 1		•
I hereby accept the appointment a comply with the provisions of all st and I am familiar with and accept Chapter 608, F.S. Or, if this document address, I hereby confirm that the	iller	nt and agr the prop f my posit d to mere ompany t	ree to act in this capacity. er and complete performa iton as registered agent as ly reflect a change in the r ias been notified in writing	I further agree to nice of my duties, provides, egistered office of this change.
w		D (225	7 DO 17 4 . EST 2001 A	

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