M05 00000 2619

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT
Please retain original filing date of submission 3/6

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter 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
SEABREEZE PROPERTIES I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

FILED
15 MAR -6 AM 9:24

LLCRACH

Electronic Filing Menu Corporate Filing Menu Help

03-10-15

DC

March 9, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RE-SUBMIT
Please retain original filing date of submission 3/6

SEABREEZE PROPERTIES I, LLC
100 M. PRICE ROAD
PERKINSTON, MS 39573

SUBJECT: SEABREEZE PROPERTIES I, LLC
REF: M05000002619

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

THE LIMITED LIABILITY COMPANY NAME SHOWN IN YOUR DOCUMENT IS INCORRECT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H15000057718
Letter Number: 215A00004737

RECEIVED
15 MAR -9 AM 11:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seabreeze Properties I, 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:

Katherine Stonnington
Name of Person

Seabreeze Properties I, LLC
Firm/Company

100 M Price Road
Address

Perkinston, MS 39573
City/State and Zip Code

ktstnn@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine Stonnington at (601) 270-7048
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 amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Name of the limited liability company: Seabreeze Properties I, LLC

2. (a) 100 M. Price Rd. Perkinston, MS 39573
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 100 M. Price Rd. Perkinston, MS 39573
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 05/10/2005 Date of filing/registration in Florida

4. M05000002619 Document number

5. (a) SMITH, G. THOMAS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
510 E. ZARAGOZA STREET
PENSACOLA, FL 32502

(b) C T Corporation System
Enter name of NEW Registered Agent *and/or* NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

FILED
15 MAR -6 AM 9:24

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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(s) 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.

Katherine D. Stonnington
Signature of a member or authorized representative of a member

Katherine D. Stonnington
Printed or typed name of signee

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 accept 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.

C T Corporation System
By:
Signature of Registered Agent

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

INHS18 (2/14)