

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000203588 3)))



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To:

Division of Corporations

Fax Number

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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

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### LLC REGISTERED AGENT CHANGE DAYTONA SEABREEZE I, LLC

Certificate of Status	0
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AUG 25



August 18, 2016

## FLORIDA DEPARTMENT OF STATE Division of Corporations

DAYTONA SEABREEZE I, LLC 3505 E FRONTAGE RD, STE 150 TAMPA, FL 33607

SUBJECT: DAYTONA SEABREEZE I, LLC

REF: M07000007223

# \*RE-SUBMIT\* Please retain original filing date of submission \_\_\_\_\_

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.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H16000203588 Letter Number: 116A00017476

#### COVER LETTER

	distration Section ision of Corporations		
SUBJECT:	Daytona Seabreeze, LLC		
		e of Limited Lia	bility Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered Offi	ce Change and f	ec(s) are submitted for filing.
Please return	n all correspondence concerning thi	s matter to the fo	ollowing:
Morgan Stev	cus		
	Name of Person		<b>-</b>
RFF			
	Firm/Company		<b>-</b> ,
591 West Pu	tnam Ave		
	Address		-
Greenwich, (	CT 06830		
	City/State and Zip Code		_
mstevens@st	tarwood,com		
E-mail	address: (to be used for future ann	ual report notific	ation)
For further i	nformation concerning this matter,	please call:	
Morgan Steve	ens	203 at (	4855102
	Name of Person		Area Code & Daytime Telephone Number
Reg Divi Clif 266:	EET/COURIER ADDRESS: istration Section islen of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 strassee, Florida 32314
Enc	losed is a check for the following	amount:	
□ <b>s</b>	25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHS18 (2/14	4)		

## 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.

. (a)		(b)·			
• • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	591 W Putnam Ave	Greenwich, CT 06830			
	Greenwich, CT 06830				
	12/13/2007	M07000007223			
	Date of filing/registration in Florida	4. Document number			
. (a)	Registered Agent and Registered Office shown on the records of LATPM LLC	of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS			
	3505 E FRONTAGE RD, SUITE 150				
	TAMPA	Z016 AUG			
	, , ,				
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:			
	CT Corporation System	FOR R			
	NEW Registered Office Address:	1.01 <b>9.</b>			
	1200 South Pine Island Road	26 RRUS			
	Plantation . FI.	L <sup>33324</sup>			
ne chi gent v ms/wi ne arti	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liero authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	Nick Antonopoulos			
	ture of a member or authorized representative of a member	Printed or typed name of signee			
here rovisi se abi	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	eree to act in this capacity. I further agree to comply wit is performance of my duties, and I am familiar with and a led for in Chapter 605, F.S. Or, if this document is being I hereby confirm that the limited liability company has be			

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