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## LLC REGISTERED AGENT CHANGE SEAZEN GP, LLC

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## 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.

I. Nam	e of the limited liability company:			<del>-,,,</del>			
2. (a) $\frac{72}{2}$	20 East Wisconsin Avenue	(b) 720 East Wisconsin Avenue					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of (Note: MAY I		-	
	Milwaukee, WI 53202	-	Milwaukee	e. WI 53202		<u>-</u>	
0.3	3/18/2016	-	M16000003				
3.	Date of filing/registration in Florida	4.		Document nu	ımber		<del></del>
5. (a) _	ORPORATION SERVICE COMPANY						
1	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  1201 HAYS STREET  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- e: -			
т Т	TALLAHASSEE , FL 3:	2301-2:	525	- - ;	-		
	T Corporation System			`'		7e23	
(b)	nter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	fficend	d <u>cess</u> :	-		2	
	EW Project and Office Address			-		ВH	C)
	EW Registered Office Address: 200 South Pine Island Road				Ţ.Ţ	4:14	
P	Plantation FL_31	3324		-	- हैं* -	£	
the change agent will was/were the article	ited liability company is not organized under the laws e or changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited liabil authorized by an affirmative vote of the members of the ess of organization or the operating agreement of the line	e regis lity co he lim	stered office mpany, it is ited liability	cand the busing hereby confiner or a	icss office	of the	registered
	162 Libert	Eliza	beth S. Idlen				
-	of a member or authorized representative of a member			Printed or typed	-	•	
1011 jica 111 }	accept the appointment as registered agent and agrees of all standes relative to the proper and complete pentions of my position as registered agent as provided freflect a change in the registered office address. Their writing of this change.  CT Corporation System				r agree to m familia is docum bility com	complet with pent is to pany h	ly with the and accep being filed as been
5ÿ:	f Registered Agent	EMERIC	K. ASSISTANT	SECRETARY			

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