## MI6000006455

(Re	questor's Name)	
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Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/09/2024	
Name:	Cheyanne Davis	
Reference #	#:2561183	
Entity Name	e: SEAONUS STEVEDOI	RING - SAVANNAH LLC
☐ Articl	les of Incorporation/Authorization to	Transact Business
Ame	endment	
✓ Char	nge of Agent	
Rein	statement	
Conv	version	
☐ Merg	ger	
Disso	olution/Withdrawal	
Fictiti	tious Name	
Othe	Sf	
Authorized /	Amount: \$25.00	
Signature:	(Ohurmo Paine	

## 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.

)Prin	ncipal office address of limited liabi (Note: MUST BE STREET AD)		((	)	Mailing addres (Note: MA)			
No Cha	ange		_	No Cha	ange			
August	12, 2016			ı	M16000006	455		
	Date of filing/registration in F	lorida	-1.		Document	number		
Corpora	ation Service Company							
	Agent and Registered Office shown	on the records o	the Florida	Dept. of Sta	ate:			
1201 H	ays Street							
				Ž				
Tallaha	assee		32301		_	<i>ن</i> .	20	
COCEN	assee	, F	32301		_	SCONE!	2024 DEC	-
, COGEN			<u>_</u>	-2525	- -	SCUNE I/ TALLAH/	2024 DEC 12	61.0 mm.
COGEN Enter name	NCY GLOBAL INC. of NEW Registered Agent and/or orth Calhoun St., Suite 4		<u>_</u>	-2525	 	SCUNETION OF S	12 AH	_
COGEN Enter name	NCY GLOBAL INC. of NEW Registered Agent and/or		<u>_</u>	-2525	_	SCUNE WILL OF STATE TALLAHASSEE, FL	12	A . I

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.

## /s/ Casey O'Connor

Casey O'Connor Authorized Person

Signature of a member or authorized representative of a member

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.

/s/ Timothy Mayville

Signature of Registered Agent

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