

M17000005424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

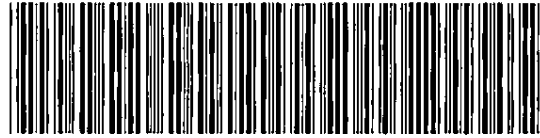
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DIVISION OF

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O. SIMMONS

OCT 13 2017

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 10/12/2017

PRIORITY Routine

OUR REF # (Order ID#) 602796

ORDER ENTITY

SEA 151, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SEA 151, LLC (FL)

File the attached amendment

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar initials, written over a circular scribble.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SEA 151, LLC

Enter new principal office address, if applicable:

1575 Northside Drive

(Principal office address

Bldg 100, Suite 200

MUST BE A STREET ADDRESS)

Atlanta, GA 30318

Enter new mailing address, if applicable:

1575 Northside Drive

(Mailing address

Bldg 100, Suite 200

MAY BE A POST OFFICE BOX)

Atlanta, GA 30318

2. The Florida document number of this limited liability company is: M17000005424

3. Jurisdiction of its organization: State of Georgia

4. Date authorized to do business in Florida: June 17, 2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

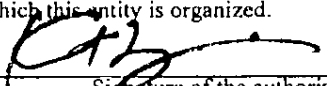
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DEPARTMENT OF REVENUE

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<small>Authorized Signatory</small>	<u>Robert H. West</u>	<u>1575 Northside Drive, Bldg 100, Ste 200, Atlanta, GA 30318</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<small>Authorized Signatory</small>	<u>R. Lee Walker</u>	<u>1575 Northside Drive, Bldg 100, Ste 200, Atlanta, GA 30318</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<small>Authorized Signatory</small>	<u>James Schroder</u>	<u>1575 Northside Drive, Bldg 100, Ste 200, Atlanta, GA 30318</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<small>Manager</small>	<u>James Freeman</u>	<u>5820 Clarion Street, Ste 200, Cumming, GA 30040</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Katherine M. Lewis, Esq.

Typed or printed name of signee

Filing Fee: \$25.00

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01/15/12