M20000004435

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u>.</u>
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
<u>~</u> ~·	
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TALLAHASSEELFLORIDE

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	SEAGATE HOTEL MANAGER	MENT LLC			
0000	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to	the following:		
Tsvi G	oldstein				
·	Name of Person				
Platinu	m Agent Services LLC				
	Firm/Company	,_,			
99 Wes	t Hawthorne Ave., Suite 408				
	Address				
Valley	Stream NY 11580				
	City/State and Zip Cod	le			
agent@	platinumfilings.com				
Е	mail address: (to be used for future	annual report no	otification)		
For fur	ther information concerning this mat	ter, please call:			
Tsvi Go	oldstein	718 at (705-9886		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the follow	ing amount:			
■ \$25 Filing Fee		Ω	\$55 Filing Fee & Certified Copy		

TO:

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/18/2024	_	≠WALK IN≃
ENTITY NAME SEAG	ATE HOTEL MANAGEMENT LLC	·· WALK IIV
ENTITY NAME 32.03		
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
*	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	**
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	···
COUNTRY OF DESTINA	TION	
NUMBER OF CERTIFICA	ATES REQUESTED	
TOTAL OWED \$25	ACCOUNT #: I201600	00072
	S 8711	(
Please call Tina at i	the above number for any issues or concerns. Thank g	

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. N	lame of the limited liability company: SEAGATE HO	TEL MANA	AGEMENT LLC
2. (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)
	3600 Hamlet Drive		3600 Hamlet Drive
	Delray Beach, FL 33445		Delray Beach, FL 33445
	5/12/2020	:	M20000004435
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	COGENCY GLOBAL INC.		
(,	Registered Agent and Registered Office shown on the records of 115 NORTH CALHOUN ST., SUITE 4	of the Florida	Dept. of State:
	Registered Office Address (SIUST BE FLORIDA STREET	f ADDRESS)	
	Tallahassee, F	32301 L	ZDZ4
(b)	Platinum Agent Services LLC		TALLAHASSEE, FLORIU
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office add	ress:
	155 Office Plaza Dr		HIZ: 11
	NEW Registered Office Address:		DE -
	Tallahassee, F.	L	
mange igent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered lability com of the limit	l office and the business office of the registered upany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	/s/ Brian Mahoney	Brian	Mahoney
	ture of a member or authorized representative of a member		Printed or typed name of signee
he obli o merc	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I fin writing of this change.	ree to act in performan ed for in Ch hereby con	o this capacity. I further agree to comply with the see of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
/8	/ Steven Friedman		
Signatur	re of Registered Agent		