

12/28/22, 10:55 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000434747 3)))

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : LICENSES ETC INC  
Account Number : I20070000159  
Phone : (239)777-1028  
Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEACOAST BUILDING & DESIGN LLC

Certificate of Status	0
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**COVER LETTER**

(((H22000434747 3)))

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEACOAST BUILDING & DESIGN LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA ADAMS

\_\_\_\_\_  
Name of Person

LICENSES ETC., INC.

\_\_\_\_\_  
Firm/Company

27911 CROWN LAKE BLVD., STE #211

\_\_\_\_\_  
Address

BONITA SPRINGS/FL 34135

\_\_\_\_\_  
City/State and Zip Code

SUPPORT@LICENSESETC.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA ADAMS

at ( 239 ) 777-1028

\_\_\_\_\_  
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 following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

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## 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: SEACOAST BUILDING & DESIGN LLC

Enter new principal office address, if applicable: 2200 E. 14TH STREET

(Principal office address

MUST BE A STREET ADDRESS)

LEHIGH ACRES, FL 33972

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1810 DESOTO AVE

LEHIGH ACRES, FL 33972

2. The Florida document number of this limited liability company is: M22000000443

3. Jurisdiction of its organization: NEW MEXICO

4. Date authorized to do business in Florida: 01/07/2022

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

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

(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," "LLC," or "L.L.C.")

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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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: (((H22000434747 3)))

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>
AMBR	CLEAR DAYLAND	1810 DESOTO AVE	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

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. ☐ Remove

*Clear Dayland*

CLEAR DAYLAND

Typed or printed name of signee

Filing Fee: \$25.00