M2200011524

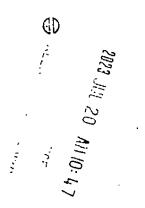
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
	(Add	dress)
(City	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filin	ng Officer:	

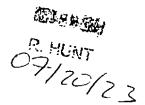
Office Use Only



900412518119







Sunshine State Corporate Compliance Company

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

DATE 07/20/2023	_		₩WALK IN*
ENTITY NAME SEA 19	94, LLC		
			<u> </u>
DOCUMENT NUMBER_			
	PLEASE FILE THE	E ATTACHED AND RETURN	
XXXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
**	PLEASE OBTAIN THE FOR Certified Copy of Arts Certificate of Good Stand		
	APOSTILLE' / NO	OTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: 1201600000	072
		S 8 FM	
Place all Time at t	the chang mumber for a	any issues or concerns. Thank you	en wunk!

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)

	limited liability Company as it a	ppears on the records	of the Florida De	partment of	
State:	SEA 194, LLC				
Enter new p	orincipal office address, if applica	ble:			79
	office <u>address</u> A STREET ADDRESS)		<u></u>		
(Mailing ac	nailing address, if applicable: Idress POST OFFICE BOX)			SSE EN O	0 PH 3: 07
2. The Flori	da document number of this limit	ed liability company	is:M220000	010524	
3. Jurisdict	ion of its organization:	eorgia			
	horized to do business in Florida:				
	II (5-9 complete only the applic				
5. New nar	ne of the limited liability compan	y:(must contain "Limite	ed Liability Comp	pany, " "L.L.C.," (or "LLC.")
copy of the	available, enter alternate name ad written consent of the managers on "Limited Liability Company."	or managing members	of transacting bu adopting the alte	siness in Florida a rnate name. The a	nd attach a lternate name
	ing the registered agent and/or reg gent and/or the new registered off		s on our records.	enter the name of	the new
Name of Ne	ew Registered Agent:				
New Regist	ered Office Address:		Enter Florida :	Street Address	
			177167 1 177 1111		
		C	ty	Florida Zip	Code
I hereby acc the provisio and accept document is	ered Agent's Signature, if changing cept the appointment as registered ons of all statutes relative to the pathe obligations of my position as its being filed to merely reflect a chappany has been notified in writing	l agent and agree to a roper and complete pe registered agent as pr ange in the registered	erformance of my ovided for in Cha	duties, and Lam f upter 605, F.S. Or,	amiliar with if this
		If Changing Registe	red Agent, Signat	ure of New Regis	tered Agent

3. If the amendme	ent changes person, title or capac	city in accordance with 605.0902 (1)(e), indicate that char	ige:
Title/ Capacity Manager	Name	Address Type	pe of Action
	M. Dan Creighton	2240 West First St., Stc. 101, Fort Myers, FL 33901	ÑAdd
			□Remov
			□Add
			□Remov
			□Add
			□Remov
			□Add
			□Remov
			□Add
aforementioned	I amendment(s), duly authentica der the law of which this entity i 41524 W	han 90 days old, evidencing the ated by the official having custody of records in the is organized PB Haverhall, LLC, as Member ager of SEA 194, LC	ПРеточ

Filing Fee: \$25,00