

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		Status
Special Instructions to	Filing Officer:	
	J. H(ORNE
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SEBSA, INC. Name of Corporation		
DOCUMENT NUMBER: N13000006621		
The enclosed Statement of Change of Registered Offi	ice Agent and fee are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Christy Myrick		
Name of Contact Person		
SEBSA Treasurer		
Firm Company		
1898 Trotti St NE		
Address		
Atlanta, GA 30317	·	
City/State and Zip Code		
SEBSAbio@gmail.com	1	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please	e call:	
Christy Myrick	at (404) 423-0614 Area Code & Davtime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	artment of State.	
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Exercise Edition Section 1 Burns and Control	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State ofElorida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SEBSA, INC.
2. The principal office address: 1317 Edgewater Drive #2434
Orlando, FL 32804
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: July 24, 2013 Document number: N1300006621
 The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Shane Gillooly
642 Velarde Avenue
Coral Gables, FL 33134
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
Gabrelle Cardner ====================================
1317 edgewater dr. ve
01 and , FL, 32804
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Christy Myrick, SEBSA, INC. Treasurer Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
1/1/1/ Jaly 4-12-24
If signing on behalf of an entity:
Typed of Printed Name

Make Checks payable to Florida Department of Stati Mail to: Division of Corporations, P.O. Box 6327, Tallahassef, FL 32314 CR2E645 (64.13)

* * * FILING FEE: \$35,00 * * *